



2024第一屆全球中醫藥學術大會

1st Global Traditional Chinese Medicine
Academic Conference 2024

Evidence & Globalization of TCM

Acupuncture Forum

Learn from the past &
present to create new one

Internal Medicine Forum

Classics inheritance,
technological innovation

Gynecology Forum

Innovative methods for pregnancy,
childbirth and tocolysis

時間
Time


2024.9.28~29




地點
Venue

台大醫院國際會議中心 台灣

International Convention Center (NTUH) Taiwan

指導單位 |  衛生福利部

主辦單位 |  全球中醫藥醫學會聯合會

合辦單位 |  中華針灸醫學會、 中華民國中醫內科醫學會、 中華民國中醫婦科醫學會

Annual Report



全球中醫藥醫學會聯合會 出版

Global Federation of
Traditional Chinese Medicine Associations




1st Global Traditional Chinese Medicine Academic Conference 2024

Evidence&Globalization of TCM

時間 2024.9.28(六) ~29(日) **地點** 台大醫院國際會議中心 (台北市徐州路2號)

指導單位： 衛生福利部

主辦單位： 全球中醫藥醫學會聯合會

日期	時間	地點	活動項目
0923-0927	09:30-16:30	公會會議室	基礎針灸經絡及腧穴學工作坊(英文班)
0928	08:50-17:30	201大會廳	第1屆全球中醫藥學術大會/2024婦科論壇
0928	09:00-17:30	1、2F川堂	2024全球中醫藥資訊展
0928	09:30-16:30	101會議廳	沈邑穎古典針灸的核心與創新-臨床應用實戰工作坊
0929	09:00-16:00	2、3F川堂	2024全球中醫藥資訊展暨學術壁報展
0929	08:40-17:30	201大會廳	第1屆全球中醫藥學術大會開幕式 特別演講及2024針灸論壇
0929	10:10-10:40	203會議廳	2024全球中醫藥學術大會記者會
0929	10:40-11:00	203會議廳	與歐洲雷射針灸學會簽訂交流合作協議書
0929	12:30-13:20	201大會廳	全球中醫藥醫學會聯合會第1屆第2次會員代表大會 暨表揚典禮
0929	11:00-17:30	301會議廳	第1屆全球中醫藥學術大會/2024內科論壇
0929	11:00-17:00	205會議廳	中醫藥臨床研究成果發表暨新知研討會 (一)
0929	13:30-15:10	203會議廳	中醫藥臨床研究成果發表暨新知研討會 (二)
0929	15:10-17:10	203會議廳	各國中醫執業法規暨發展座談會
0929	17:30-17:50	203會議廳	與美國加州中醫藥大學簽訂交流合作協議書
0929	17:50-18:10	203會議廳	與美國華美中醫學院簽訂交流合作協議書
0929	18:30-20:30	201大會廳	聯誼晚宴/大會閉幕
1006	09:30-16:30	台大景福館	鍾政哲維傑董氏奇穴及方藥醫道精要臨床經驗工作坊

9/28-29 201廳 遠距視訊同步

*9/29 301廳 遠距視訊同步，工作坊需另繳報名費

全球中醫藥醫學會聯合會 電話：(02)2381-5678 E-mail：gftcma@msa.hinet.net



大會活動訊息

總統賀電

華總二榮電：113090030 號

全球中醫藥醫學會聯合會林理事長源泉
暨全體與會人士公鑒：

欣悉訂於本(113)年9月28至29日
舉行「2024 第1屆全球中醫藥學術大
會」，特電致賀。至盼藉由此項盛事，汲
引國際藥理新知，促進多元學術交流，攜
手為營造健康活力之現代化社會貢獻心
力。敬祝活動圓滿成功，諸位平安喜樂。

賴 清 德



中 華 民 國 1 1 3 年 9 月 5 日

副總統賀電

華總二榮副:113090030 號

全球中醫藥醫學會聯合會林理事長源泉
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舉行「2024 第1屆全球中醫藥學術大
會」，特電申賀。值此盛會，期能精進專
業職能素養，強化醫事服務網絡，竭智殫
誠，宣勤惠眾。敬祝活動順利成功，諸君
健康愉快。

蕭 美 琴



賀

中華民國 113 年 9 月 5 日

第一屆全球中醫藥學術大會紀念

醫理甚深

立法院
院長 韓國瑜 敬賀



全球中醫藥醫學會聯合會
第一屆全球中醫藥學術大會紀念

闡揚國粹

行政院長 卓榮泰



全球中醫藥醫學會聯合會
第一屆全球中醫藥學術大會紀念

德施仁術

內政部
部長 劉世芳 敬題



全球中醫藥醫學會聯合會
2024年第一屆全球中醫藥學術大會紀念

濟世為懷

監察院院長

陳菊



敬賀

全球中醫藥醫學會聯合會
第一屆全球中醫藥學術大會 紀念

醫澤天下

衛生福利部

部長 邱泰源




全球中醫藥醫學會聯合會
二〇二四第一屆全球中醫藥學術大會誌慶

神農百草
造福人群

外交部部長 林佳龍



敬題

 大韓民國首爾特別市韓醫師會
Seoul Korean Medical Doctors' Association

各位來賓 大家好

我是首爾市韓醫師會會長朴城佑

衷心祝賀全球中醫藥醫學會聯合會舉辦第 1 屆全球中醫藥學術大會揭開序幕。

首爾市韓醫師會與台北市中醫師公會，透過數拾年的交流，已為彼此的傳統醫學發展及維護民眾健康增進，作出了很多貢獻，並且未來還是會一起繼續努力，維持現在的合作關係。

我們首爾市韓醫師會，以韓國的《韓醫藥育法》為基礎，增進首爾市民的健康、幸福生活及會員權益及傳統醫學領域的延伸發展，與首爾市政府一起持續進行，不孕及老年失智示範計劃。

臺灣也已經立法通過《中醫藥發展法》，希望透過此法案更能增進市民健康及修改相關法令，使傳統醫學更能貼近日常，以促進市民生活提升，更希望此法案對台北市民甚至全臺灣人民的身心幸福健康有幫助。

最後，首爾市韓醫師會與台北市中醫師公會及各國友會團體一起攜手，為發展傳統醫學及增進人民健康福祉努力，祝每一位參加的來賓，身體健康，家庭幸福美滿，敬祝第一屆全球中醫藥學術大會圓滿成功，謝謝。

首爾市韓醫師會 會長 朴城佑

賀 信

欣聞全球中醫藥醫學會聯合會第一屆全球中醫藥學術大會召開，謹代表日本中醫藥學會表達誠摯祝賀，預祝大會圓滿成功。

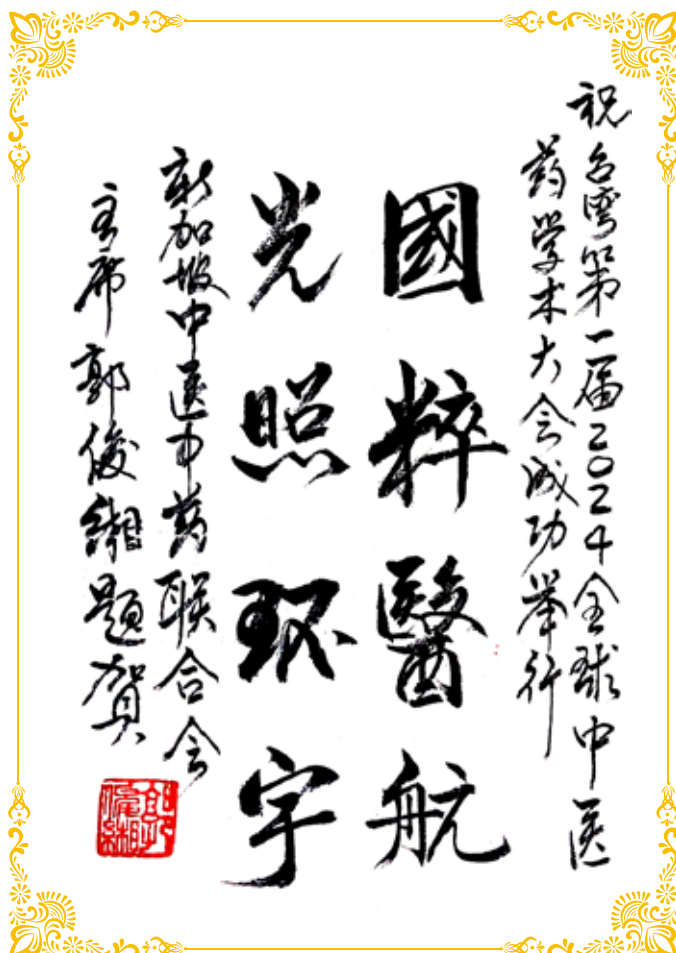
我們期待今后與貴會的中醫藥學術交流與合作，為中醫藥的全球發展而共同努力。

日本中醫藥學會



2024年9月吉日

 日本中医薬学会
Japan's Traditional Chinese Medicine Association



「2024 第一屆全球中醫藥學術大會」 致詞稿

時間：113 年 9 月 28 日

地點：臺大醫院國際會議中心

何總統府副秘書長(志偉)、卓院長(榮泰)、劉內政部部长(世芳)、全中聯林理事長(源泉)、林院士(昭庚)、王院士(陸海)，各位貴賓、中醫藥界先進、各位女士、先生，大家好：



今天，很榮幸能受邀參加全球中醫藥學會聯合會舉辦之「第一屆全球中醫藥學術大會」，首先感謝大家長久以來，為臺灣中醫藥發展努力耕耘，守護民眾的健康。這幾年，在全球嚴重特殊傳染性肺炎疫情(COVID-19)流行下，中醫藥亦展現極為重要之醫療抗疫的一環，中醫藥界積極發展中西醫合作治療模式，本部國家中醫藥研究所並研發製造「臺灣清冠一號」，不僅提供國人妥善的健康照護，亦提升了臺灣在國際間的能見度，在在見證了中醫藥在全球人類健康照護不可或缺之角色。

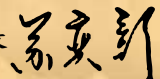
我國自 2019 年 12 月 31 日公布施行「中醫藥發展法」確立了國家中醫藥發展基本原則方針。為健全中醫醫療照護體系及促進中藥產業發展，本部自 2020 年起執行「中醫優質發展計畫」，並自 2022 年起推動「中醫藥振興計畫」，以提供民眾優質的中醫醫療服務、健全中醫藥管理制度、精進中藥品質安全、強化藥事服務及衛生教育；另亦鼓勵產業創新加值、推動中藥品質國際化及促進產業鏈結國際。

在中醫健康照護發展方面，本部逐步推動中醫師臨床訓練制度，發展中醫多元醫療及中西醫合作照護，確保醫療服務品質；為提升中醫醫療資源可近性，建構健保 6 區之醫療照護網絡，推動創新智慧科技應用等。為精進中醫人才培育，除了自 2014 年起實施中醫醫療機構負責醫師訓練制度外，自 2019 年起我們也開始研議試辦中醫專科醫師訓練，目前已試行內科、針灸科、婦科、兒科、傷科家庭暨社區醫學科等 6 個專科的訓練，以期培育優質之中醫人才。今天的大會安排了婦科、針灸科及內科三個專科臨床交流之學術論壇，亦將藉由臨床上的專科病症案例分享，以期達到觀摩學習與經驗交流之目的。

未來，本部將進一步整合中醫醫療資源，宏觀規劃推動中醫藥永續發展藍圖，朝著精進中醫醫療照護團隊與人才培育、全面提升中藥品質管理與活絡產業創新發展、促進中醫藥國際交流合作等面向，持續精進努力，以營造中醫藥優質服務及產業環境；進而發揮我國中醫藥於國際傳統醫藥之影響力，促進中醫藥永續發展，並增進全民健康福祉。

最後，祝福各位身心健康、大會活動圓滿成功。

衛生福利部 中醫藥司

司長  敬上

大會歡迎詞

全球海內外嘉賓及中醫藥界前輩先進及全球線上中醫藥同道們：

大家好！首先，本人代表「2024 第一屆全球中醫藥學術大會」主辦單位，及籌備委員會主任委員，誠摯歡迎全球海內外嘉賓，政府首長及台灣中醫藥團體代表出席大會。感謝來自全球中醫藥領域的精英，中央研究院院士、國醫大師、海內外各醫藥團體會長、各中醫藥公會理事長、各大學講座教授、各醫學中心院長、各位學者專家。特別感謝遠從美國、加拿大、墨西哥、德國、英國、紐西蘭、澳洲，還有日、韓、新加坡、馬來西亞、中國大陸、港澳等各國嘉賓代表齊聚一堂，共同推動中醫藥的傳承創新，加強國際交流合作，促進全球中醫藥事業蓬勃發展！



WHO 世界衛生大會 WHA 於 2019 年推出第 11 版全球醫學綱要，並首次將中醫傳統醫學納入其中。中醫在全球醫療躋身為主流醫學。台灣政府為配合 WHO 衛生醫療綱要，於 2019 年 12 月總統頒布施行「中醫藥發展法」，本法明定政府應保障及充實中醫藥發展所需之經費；強化中醫藥於全民健康照護之功能及角色，並提升中醫醫療資源可近性及醫療品質。中央主管機關應定期訂定中醫藥發展計畫；發展及輔導國內中藥產業，完善中藥品質管理規範。

為迎接中醫藥邁入新的里程碑，台北市中醫師公會於去年 1 月結合國內 11 個中醫師公會團體，籌組成立「全球中醫藥醫學會聯合會」，感謝內政部、衛福部、外交部支持協助，2023 年 11 月 5 日共有 17 個中醫師公會及中醫專科醫學會召開「全球中醫藥醫學會聯合會」成立大會，並和國外 13 個中醫公會團體結盟，團體力量大，全中聯目前共有 33 個團體會員，結合中醫中藥中西結合及產官學研界，共同推動會務，並將和國際中醫藥團體結合，促進全球中醫藥事業發展，從健康台灣到健康世界。

舉辦全球中醫藥學術大會為全球中醫藥醫學會聯合會的主軸會務，第一屆全球中醫大會於 9 月 28 及 29 日於台大醫院國際會議中心 5 個會場舉行，本次大會結合國內 33 個中醫師公會團體及台灣 5 校 6 系中醫學系及後中醫學系，國外 13 個中醫公會團體共同舉辦。本屆大會主題為「中醫實證與全球化」，大會有中醫婦科論壇、內科論壇、針灸論壇、中醫藥臨床研究發表。發表演講達 50 餘場，精彩前瞻，將有 2000 餘人實體及線上參會，盛況可期，再次感謝海內外醫藥團體、學者專家、醫藥先進及同仁出席共襄盛舉，藉本次全球中醫藥大會，促進各國中醫藥學術交流，增進全球中醫藥事業發展，為造福人類健康共同努力。

全球中醫藥醫學會聯合會理事長
第一屆全球中醫藥學術大會主席

林源泉

2024 第一屆全球中醫藥學術大會 (GTCMAC 2024)

1st Global Traditional Chinese Medicine Academic Conference 2024

中醫婦科論壇：孕產安胎推陳出新 Traditional Chinese Medicine Gynecology Forum

9 月 28 日 (星期六) September 28, 2024 (Saturday)
201 大會廳 NTUH International Convention Center Hall 201

08:50-09:10 大會開幕及來賓致詞 Grand Opening		
主持人 Moderator：徐慧茵創會理事長		
09:10-09:40	台灣中醫婦科發展過程與期許 The historical development and prospects of TCM Gynecology in Taiwan	衛生署中醫藥委員會第一任主委、 蘇貫中中醫診所院長／蘇貫中教授 Su Kuan-Chung Traditional Chinese Medicine Clinic / Professor Su Kuan-Chung
* 09:40-10:40	卵巢功能失調的中醫藥診治 Traditional Chinese Medicine Diagnosis and Treatment of Ovarian Dysfunction	中國中醫婦科學學科帶頭人、 中國全國中醫婦科聯盟首席專家／羅頌平博導 Director of Lingnan Institute of Gynecology, Guangzhou University of Chinese Medicine / Songping Luo
主持人 Moderator：陳雅吟理事長		
10:40-11:20	台灣坐月子與產婦身心健康 Impact of Taiwanese Doing-the-month Practice on Physical and Mental Health of Postpartum Women	中國醫藥大學附設醫院 中醫部婦科主任／蘇珊玉教授 Physician and Director, TCM Gynecology division, Department of Chinese Medicine, China Medical University Hospital Professor / Shan-Yu Su
11:20-12:00	子宮內膜相關不孕的中西醫整合療法 The Integration of Traditional Chinese and Western Medicine in Treating Endometrial-Related Infertility	愛群醫療機構總院長／賴榮年教授 Chief of Integrative Holistic Medicine / Professor Jung-Nien Lai
12:00-12:30	中醫藥治療精液品質異常之男性不孕症之療效 Efficacy of Traditional Chinese Medicine in Treating Male Infertility Due to Abnormal Semen Quality	台南市立醫院中醫科主任／張炯宏助理教授 Director of the Department of Traditional Chinese Medicine, Tainan Municipal Hospital / Professor Chang Chiung-Hung
主持人 Moderator：吳炫璋常務理事		
13:30-14:10	針灸合中藥在馬來西亞輔助生殖領域中的應用 The Application of Acupuncture and Herbal Medicine in Enhancing Assisted Reproductive Techniques : The Malaysian Experience	馬來西亞中醫總會／沈雁珊博士 Representative of the Malaysian Chinese Medical Association / Dr. Sin Yen Suan
14:10-14:40	中西醫結合安胎診斷思路與臨床經驗 Diagnosis and Clinical Experience of Integrative Traditional Chinese and Western Medicine in Tocolysis	林口長庚紀念醫院中醫部 中醫婦科 主治醫師／ 郭順利醫師 Dr. Shun-Li Kuo
主持人 Moderator：李耿誠常務理事		
* 14:40-15:20	吳門婦科針藥併施在復發性流產中的臨床應用 Clinical Application of Wu's Gynecology's Combined Acupuncture and Herbal Medicine in Recurrent Miscarriage	青島大學附屬青島市中醫醫院婦科 副主任／孫迎春教授 Qingdao Hiser Hospital Affiliated of Qingdao University (Qingdao Traditional Chinese Medicine Hospital) Department of Gynecology, associate chief physician / Professor Yingchun Sun
15:20-16:00	台灣孕婦中藥的處方模式與安胎的療效研究 Prescription Patterns of Traditional Chinese Medicine and the Efficacy of Integrated Traditional Chinese and Western Medicine for Tocolysis in Pregnant Women in Taiwan	台北慈濟醫院 中醫部主任／吳炫璋教授 Chief of TCM Gynecology, Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation / Professor Hsien-Chang Wu
主持人 Moderator：林佩蓁常務監事		
16:00-16:40	過度飲食患者之不孕症與安胎之漢方治療 Kampo Medicine Treatment for Infertility and Tocolysis in Patients with Overeating and Overdrinking.	日本東京漢方醫療賴診所院長／賴建守教授 Kampo medical LAI clinic / Professor Lai Chien Sho
16:40-17:30	不孕症的中西整合治療 The Integrated Traditional Chinese and Western Medicine Therapy for Infertility	愛群婦幼中西醫診所院長／陳建霖助理教授 Chien-Lin Chen

* 為視訊或錄影發表專題

大會開幕式特別演講暨針灸論壇：師古鑑今開創新猷

Opening Ceremony of the Conference and Acupuncture Forum

9月29日(星期日) September 29, 2024 (Sunday)

201 大會廳 NTUH International Convention Center Hall 201

09:00-10:00 政府首長暨各國來賓代表致詞 Speeches from Chief's & foreign representatives		
主持人：陳旺全講座教授、林昭庚院士		
10:00-10:30	針灸臨床研究及國際化 Clinical Research and Internationalization of Acupuncture	中央研究院 院士／林昭庚 講座教授 China Medical University, Taiwan / Academician Jaung-Geng Lin
10:30-11:00	中西醫結合治療癌症：開發抗腫瘤的免疫調節方劑 Integrated West and East medicine treatment of cancer : development of anti-tumor immune modulatory remedy	中央研究院院士中國醫藥大學 副校長／王陸海講座教授 Vice-President, China Medical University Academia Sinica / Academician Lu-Hai Wang
主持人：張永賢創會理事長、胡文龍理事長		
11:00-11:30	中醫學的未來發展及新治療方法開發 Future Developments and Innovation of Novel Treatment Methods in Traditional Chinese Medicine	韓國慶熙大學學院鍼灸經絡科學研究中心 所長／李惠貞 教授 Professor, Kyung Hee University, Korea / Hyejung LEE
11:30-12:00	低強度雷射在診斷和治療中的應用： 使用 Paul Nogier 和 Frank Bahr 的七個共振頻率 得到令人著迷的治療結果 - Low-Level-Laser in Diagnostic and Therapy : Fascinating Results by the seven Resonance -Frequencies according to Paul Nogier and Frank Bahr	歐洲雷射學會 會長 President of the European Society of Laser Acupuncture / Dr. Michael Weber
12:00-12:20	《靈樞·九鍼十二原》「凡將用針，必先診脈」 <<Lingshu. Nine Needles and Twelve Origins>> "Everyone who is going to use acupuncture must first diagnose the pulse."	中國醫藥大學榮譽教授／張永賢 教授 School of Chinese Medicine at China Medical University Chairman Honorary Professor / Prof. Dr. Yung-Hsien Chang
主持人：黃澤宏部長、陳朝宗部長		
13:30-14:10	創新療法：針刺小腦治療疑難疾病與癌症 Treatment of Cancer and Other Challenging Illness through Acupuncture in the Cerebellum : A New Zone	美國加州五系中醫藥大學 副校長／吳奇 教授 Professor Andrew Wu, Vice President of the Five Branches University of Traditional Chinese Medicine, California, USA
14:10-14:30	乾針治療之臨床應用與研究 Clinical Application and Research of Dry Needling Therapy	亞洲大學附設醫院 副院長／周立偉教授 Professor and Director, Department of Physical Medicine and Rehabilitation, Asia University Hospital, Asia University, Taichung, Taiwan / Li-Wei Chou
14:30-15:10	軒轅耳針辨治疑難症：以帕金森病和排汗障礙為例 Xuanyuan Auricula Acupuncture for Parkinsonism & Hemifacial Anhidrosis	加拿大中醫藥針灸學會 秘書長／田憶芳教授 Canadian Society of Chinese Medicine and Acupuncture Secretary-General / Professor Tian Yifang
主持人：高宗桂教授、張晉賢部長		
15:10-15:30	針灸治療疼痛與憂鬱共病的機轉與臨床經驗分享 Mechanisms and Clinical Experience of Acupuncture in Treating Coexisting Pain and Depression	中國醫藥大學學士後中醫學系／廖先胤副教授 School of Post-Baccalaureate Chinese Medicine, College of Chinese Medicine, China Medical University, Taichung , Taiwan / Associate Prof. Hsien-Yin Liao
* 15:30-16:00	浮針、氣血新論和肌肉學 Fu's Subcutaneous Needling, New Theory of Qi and Blood and Myology	北京中醫藥大學浮針醫學研究所 所長／符仲華教授 Professor, Institute of Fu's Subcutaneous Needling, Beijing University of Chinese Medicine, Beijing, China / Zhong-hua Fu
* 16:00-16:30	新中概論之撥針考證及臨床操作案例 Research and Clinical Practice of Probe Needle : Case Presentation with Examination of the New concept of Traditional Chinese Medicine	南京新中醫學研究院、中華中醫藥學會針刀醫學分會 副會長／王自平博導 President of Nanjing New Institute of Traditional Chinese Medicine. / Prof. Wang Ziping
主持人：陳建智主任、鄭鴻強理事長		
16:30-16:50	針刺風池與攢竹治療修格蘭氏症暨乾眼症 A Preliminary Study on the Mechanism of Acupuncture for Myopia	台北榮民總醫院傳統醫學部整合 醫學科主任／ 張清賢助理教授 Director, Division of Integrative Medicine, Center for Traditional Medicine, Taipei Veterans General Hospital, Taipei, Taiwan / Asst. Prof., Ching-Mao Chang
16:50-17:10	近視的針灸治療機轉初探 A preliminary study on the mechanism of acupuncture treatment for myopia	亞洲大學附設醫院 中醫科主任／陳志昇副教授 Director/Department of Chinese Medicine, Asia University Hospital / Ph.D. Chih-Sheng Chen

* 為視訊或錄影發表專題

17:10-17:30	從腸道發炎小鼠看針刺對睡眠剝奪的影響 The Effect of Acupuncture on Sleep Fragmentation in Mice with DSS colitis	長庚大學中醫學系醫預科主任／劉耕豪助理教授 Director, Premedical Program at School of Traditional Chinese Medicine, Chang Gung University, Taoyuan, Taiwan ／ Asst. Prof. Geng Hao Liu
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中醫內科論壇：典籍傳承科技創新 Traditional Chinese Medicine Internal Medicine Forum

9 月 29 日 (星期日) September 29, 2024 (Sunday)
301 大會廳 NTUH International Convention Center Hall 301

11:00-11:10 大會開幕及來賓致詞 Grand Opening		
主持人：林宜信教授、蔡金川教授		
11:10-11:50	精準 AI 醫療 - 癌症、罕病、難症的最後希望，沒藥找藥醫 Precision AI Medicine: The Last Hope for Cancer, Rare Diseases, and Challenging Illness – Finding Cures When No Therapies Exist	佛教慈濟醫療財團法人花蓮慈濟醫院院長／林欣榮 教授 Superintendent of Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation ／ Prof. Dr. Shinn-Zong Lin
* 11:50-12:20	張仲景教我們治病和組方 Zhang Zhong Jing's Teachings on Disease Treatment and Prescription Formulation	北京中醫藥大學博導／郝萬山教授 Professor, Beijing University of Chinese Medicine ／ Professor Wanshan Hao
主持人：黃升騰教授、洪裕強教授		
13:30-14:00	探索中醫藥在心血管疾病防治研究的應用 Exploring the Application of Traditional Chinese Medicine in Cardiovascular Disease Prevention and Treatment Research	國際東洋醫學會總會長、義守大學醫學院／陳旺全講座教授 President of of ISOM I-Shou University, School of Chinese Medicine for Post Baccalaureate ／ Wang-Chuan Chen, Chair Professor
14:00-14:30	中西醫結合治療思維 - 胃淋巴癌的研究與醫案分享 Integrative Treatment Approach of Traditional Chinese and Western Medicine: Research and Case Studies on Gastric Lymphoma	台灣中西整合醫學會創辦人兼名譽理事長、台中慈濟醫院副院長／王人澍教授 Deputy Superintendent of Department Of Chinese Medicine and Clinical Research Center of Integrated Chinese and Western Medicine, Taichung Tzu Chi Hopistal,Buddhist Tzu Chi Medical Foundation ／ Wang Jen-Shu Professor
主持人：陳光偉主任、陳俊良教授		
* 14:30-15:00	基於仲景學術的水證辨證論治的經驗 Experience in diagnosis and treatment of Water Disease based on Zhang Zhongjing's academic theory	北京金方學院 院長／傅延齡教授 Dean of Beijing Jinfang College ／ Professor Fu Yanling
15:00-15:20	台灣中醫內科實證醫學之發展過程與期許 The Development and Expectations of Evidence-Based Medicine in Taiwanese Traditional Chinese Internal Medicine	慈濟大學學士後中醫系／林宜信教授 Buddhist Tzu Chi Hospital & Tzu Chi University ／ Prof. I-Hsin LIN
* 15:20-15:50	乳腺癌分子分型與中醫治療 Molecular Subtypes of Breast Cancer and Traditional Chinese Medicine Treatment	天津醫科大學博導／吳雄志教授 Vice President of Tianjin Nankai Hospital ／ Professor Wu Xiongzhi
15:50-16:10	全球視野下中醫藥現狀與前瞻 Current Status and Future Prospects of Traditional Chinese Medicine in a Global Context	衛福部中醫藥司前司長／黃怡超 教授 Director General of Department of Chinese Medicine and Pharmacy in Ministry of Health and Welfare, Taiwan ／ Professor Yi-Tsau Huang, Former
主持人：蔡嘉一主任、陳建宏主任		
16:10-16:30	丹參功能性蛋白質體學研究 Functional Proteomic study of <i>Salvia miltiorrhiza</i>	中華民國中醫內科醫學會理事長／洪裕強教授 Chairman, The Association of Chinese Internal Medicine, Republic of China ／ Prof. Yu-Chiang Hung
16:30-16:50	以病人為中心的結構性中醫臨床診治思路系統 Patient-centered structurized clinical approach system of Chinese medicine	台中慈濟醫院中西臨床整合研究中心主任／陳建仲教授 Clinical research center of integrated Chinese and western medicine ／ Jian-jung Chen Professor
16:50-17:10	台灣中醫舌診的研發與臨床應用 Development and Clinical Application of TCM Tongue Diagnosis in Taiwan.	中國醫藥大學中醫學系前系主任／羅綸謙教授 School of Chinese Medicine at China Medical University Chairman ／ Lo Lun-Chien
17:10-17:30	過敏性疾病中醫實證研究 Evidence-based Research on Traditional Chinese Medicine for Allergic Diseases	長庚大學中醫學系系主任／楊賢鴻教授 Chang Gung University, Taiwan ／ Prof. Sien-Hung Yang

* 為視訊或錄影發表專題

中醫藥臨床研究成果發表暨新知研討會 (一)

Traditional Chinese Medicine Clinical Research Results Release and New Knowledge Seminar

9月29日(星期日) September 29, 2024 (Sunday)

205 大會廳 NTUH International Convention Center Hall 205

10:50-11:00 大會開幕及來賓致詞 Grand Opening		
主持人：黃碧松理事長		
11:00-11:30	針刀與溫通療法在傷外科的臨床應用 Clinical Application of Acupotomy and Warming Transportation Method in Traumatology	台灣針刀醫學會創會理事長／高宗桂教授 The first president of the Taiwan Acupotomy Medical Association / KAO, TSUNG-KUEI
11:30-12:00	針灸的維度初探 - 從董氏倒馬針法到楊氏區位對針 Exploring the Dimensions of Acupuncture: from Tung's Dao-Ma Technique to Young's Zone Encompassing Duet Needle Protocols	加拿大 BC 省癌症研究中心／鍾政哲教授 Research Associate AMBER TCM Healing Centre Doctor in charge / Michael Chung
12:00-12:30	牟平上莊于氏針灸～針灸時代變遷及發展 Summary of the Yu's Family Acupuncture Legacy from the village of Shangzhuang in the Muping county at Shandong Province	美國聯合針灸中醫公會 (UAA)／于家山醫師 United Acupuncture Association (UAA) / Dr. Jiashan Yu
主持人：賴東淵理事長		
13:30-14:00	健康成人手脈波速度和手脈波傳送時間的決定因素 Determinants of Hand Pulse Wave Velocity and Hand Pulse Transit Time in Healthy Adults.	佛光大學樂活產業學院教授／呂萬安教授 Professor, College of LOHAS Industry, Fo-Guang University, Yilan 262, Taiwan / Prof. Wan-An Lu
* 14:00-14:30	吳門針灸特色簡介及手三里擔刺法 Introduction of Wu's Acupuncture and the Shousanli Acupuncture Therapy Method	上海中醫藥大學附屬寶山醫院治未病科副主任／孫成力博士 Director of Preventive Treatment Department of Baoshan Hospital affiliated to Shanghai University of TCM / Sun Chengli
14:30-15:00	董針新觀 - 圓太極動氣 New Integrated Technique on Tung Style Acupuncture and Tai-Chi Dong Qi	中華董氏奇穴針灸學會理事長／曾天德醫師 Taiwan Tungs Style Acupuncture Medical Association Chairman / Dr. Tseng Tien-Te
主持人：陳建宏理事長		
15:00-15:30	退化性膝關節炎中西醫治療進展 Current treatments for Knee Osteoarthritis (KOA)	美國加州中醫藥大學／張復華中醫博士 Five Branches University / Dr. Steve Chang, LAc.
15:30-16:00	選定穴位拔罐放血的臨床效應 (疏賦) Clinical effect of selected acupoint cupping and bloodletting	馬來西亞傳統與輔助醫學會理事長／張文開院長 President of the Joint Clinic of Tai E / Dr. Teoh, Boon Khai.
主持人：呂萬安教授		
16:00-16:30	直腸癌化放療程中腹瀉之中醫治療 Traditional Chinese Medicine and Acupuncture for the Concurrent Chemoradiotherapy-Induced Diarrhea in Rectal Cancer.	奇美醫療財團法人奇美醫院中醫部 主治醫師／陳豪君 Visiting Staff, Department of Chinese Medicine of Chimei Medical Center / Hao-Chun Chen
16:30-17:00	原發性腦癌中西結合的全人醫療 Holistic Integrative Medicine for Primary Brain Cancer : Combining Traditional Chinese and Western Approaches	中華民國中西醫結合神經醫學會／黃英傑醫師 Taiwan Chinese-Western Medicine Neurology Association / Dr. Huang Yiech Chieh

* 為視訊或錄影發表專題

中醫藥臨床研究成果發表暨新知研討會 (二)

Medical clinical research results publication and new knowledge seminar

9月29日(星期日) September 29, 2024 (Sunday)

203 大會廳 NTUH International Convention Center Hall 203

主持人：陳星論教授		
13:30-13:50	第二型糖尿病之中醫證型診斷 GPT 系統的開發：先驅型研究 GPT Assistant System for TCM Pattern Diagnosis of Type 2 Diabetes Mellitus : A Pilot Study	台中童綜合醫院中醫科主治醫師／楊恩豪醫師 MD, Dep. Chinese Medicine, Tungs' Taichung Metro Harbor Hospital, Taichung / Dr. Yang, Enhao
13:50-14:10	中醫介入治療加護病房 covid-19 極重症、covid-19 感染後腦萎縮、敗血症急性腎損傷病例報告 TCM Interventional Treatment Intensive Care Unit Extremely Severe COVID-19 Pneumonia, Cerebral Atrophy, and Septic Acute Renal Injury : A Case Report	明醫青田中醫診所院長／黃詩硯醫師 Mingyi - Cyan Field Chinese Medicine Clinic / Dr. Huang, shih-yen
主持人：楊賢鴻教授		
14:10-14:30	靈芝多醣結合鱈魚蛋白，用於生活方式之臨床研究 Innovative Products Combinig <i>Ganoderma lucidum</i> Polysaccharides and Perch Protein for Lifestyle Modifications	元培醫事科技大學生技製藥系所暨食品科學系所／林志城教授 Yuanpei University of Medical Technology Department of Biotechnology and Pharmaceutical Technology & Department of Food Science Professor / Dr. Lin, Chih-Cheng
14:30-14:50	例行中醫醫美經絡調理策略促進美容專業的預期效果 The Outcome Prediction of Routine Traditional Chinese Medicine Cosmetic Strategies for Enhancing Professional Beauty Care	中國醫藥大學中西醫結合研究所／何文光醫師 Graduate Institute of Integrated Medicine, China Medical University / Dr. Wen-Kuang Ho
14:50-15:10	中醫結合 AI 應用研究 Exploring AI-Powered Traditional Chinese Medicine A Study of Integrating TCM with AI Applications	高雄市立中醫醫院／曾建霖醫師 Kaohsiung Municipal Chinese Medical Hospital / Chien-Lin Tseng

各國中醫執業法規暨發展現況座談會

Symposium on the Practice Laws and Development Status of Traditional Chinese Medicine in Various Countries

主持人：蔡德祥召委		
15:10-15:30	介紹美國和歐洲主要的中醫團體和機構 Introduction the Main Associations of Traditional Chinese Medicine in USA and Europe	美國皇家傳統東方醫學院／張瑋教授 Emperor's College of Traditional Oriental Medicine Professor / Dr. Christine Chang
15:30-15:50	加拿大中醫執業現況與發展 Regulations and Development of Traditional Chinese Medicine in Canada	加拿大全國中醫針灸聯合會主席／李永洲教授 Chair Canadian Coalition of TCM and Acupuncture Associations / Dr. John Y.C. Lee
15:50-16:10	日本中醫藥發展現況 Current Development of TCM in Japan	日本中醫藥學會理事 日本國際中醫藥研究所所長／王曉明教授 Japan TCM Association Director / Dr. wang xiaoming
主持人：邱榮鵬副院長		
16:10-16:30	韓國韓醫執業與管理現狀 The Current Status Korean Medicine Practice and Management	馬光中醫醫療網 副學術長 國際東洋醫學會 副事務總長／鄭鴻強醫師 MA KUANG united clinic vice Academic director Vice secretarey general of ISOM (Taiwan Chapter) Cheng Hung-Chiang, M.D.,Ph.D.
16:30-16:50	新馬中醫執業法規與發展 The Development and Current Status of Traditional Chinese Medicine in Malaysia and Singapore	馬來西亞傳統與輔助醫學會理事長／張文開院長 President of the Joint Clinic of Tai E / Dr. Teoh, Boon Khai.
16:50-17:10	中國大陸中醫師執業規定與醫療機構設立經驗分享 Experience Sharing on the Regulations for Traditional Chinese Medicine Practitioners and the Establishment of Medical Institutions in Mainland China	張仲景文教基金會執行長 廈門張步桃紀念醫院董事長／張閔運中醫博士 Xiamen Zhang bu tao Memorial Hospital / Dr. Chang Hung-Yun
主持人：廖奎鈞理事長		
17:10-17:30	綜合討論 Q & A	

2024 第一屆全球中醫藥學術大會

1st Global Traditional Chinese Medicine Academic Conference 2024 Annual Report

大會時間：2024 年 9 月 28 日 (星期六)、29 日 (星期日)

大會地點：台北市徐州路 2 號／台大醫院國際會議中心

大會主題：中醫實證與全球化

指導單位：衛生福利部

主辦單位：全球中醫藥醫學會聯合會

合辦單位：中華針灸醫學會・中華民國中醫內科醫學會・中華民國中醫婦科醫學會

協辦單位：台北市中醫師公會・新北市中醫師公會・基隆市中醫師公會・宜蘭縣中醫師公會・桃園市中醫師公會・新竹市中醫師公會・台中市中醫師公會・雲林縣中醫師公會・大高雄中醫師公會・屏東縣中醫師公會・花蓮縣中醫師公會・大台南中醫師公會・台南市中醫師公會・中華民國中醫內科醫學會・中華民國中醫婦科醫學會・中華民國中醫兒科醫學會・台灣中醫兒童暨青少年科醫學會・台灣中醫男科學會・台灣針刀醫學會・台灣顏面針灸醫學會・中華針灸醫學會・台灣浮針醫學會・台灣中醫疼痛醫學會・台灣鳳陽門正骨醫學會・台灣中醫美容醫學會・台灣中醫皮膚科醫學會・中華民國傳統醫學會・中華黃庭醫學會・中華中醫學會・台灣中醫醫學會・中華民國中西結合神經醫學會・台灣中西醫結合復健醫學會・中華經絡美容醫學會・臺北市立聯合醫院中醫醫學部・中國醫藥大學中醫學院中醫學系、學士後中醫學系暨附設醫院・林口長庚紀念醫院北院區中醫部・長庚大學中醫學系・義守大學義大醫院中醫部・義守大學學士後中醫學系・花蓮慈濟醫學中心中醫部・慈濟大學學士後中醫學系・國立陽明交通大學中醫學系・財團法人中國醫藥研究發展基金會・財團法人張仲景文教基金會・國外 13 個結盟中醫藥公學會團體

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中醫婦科論壇

Traditional Chinese Medicine Gynecology Forum

孕產安胎推陳出新

Conference theme : Innovative methods for
pregnancy, childbirth and tocolysis

台灣中醫婦科發展過程與期許

The historical development and prospects of TCM Gynecology in Taiwan

衛生署中醫藥委員會第一任主委
蘇貫中中醫診所院長／蘇貫中教授

歷代婦科發展歷史沿革

筆路藍縷文明始啟，文采飛揚百花齊放，金光璀璨帝國將亡，無情荒地有情天。

台灣中醫發展過程

日據時代與國民政府初期，推動中醫發展教考時代，國家政府醫療制度介入推動中醫藥進步發展。

台灣中醫婦科發展

台灣中醫婦科分科制度之建立過程，分科制度對中醫發展之影響。

對中醫發展的期許

只有瞭解過去才能展望未來。

卵巢功能減退的中醫藥防治

廣州中醫藥大學第一附屬醫院嶺南婦科病研究所／羅頌平

卵巢功能減退是導致女性生育力下降的主要因素。可表現為月經量減少、週期紊亂或閉經。是導致育齡期女性排卵障礙和不孕的疑難病證。

目前，對於病理性卵巢功能減退，主要劃分為三個階段進行診斷：第一個階段是病理性卵巢儲備功能下降 (diminished ovarian reserve, DOR)，即發生在 40 歲以前的 DOR，特點是卵巢內始基卵泡的儲備能力下降，包括可募集卵泡數量減少，或品質下降，導致女性出現過早絕經或生育能力降低的可能，竇卵泡數減少 (雙側卵巢 AFC \leq 5-7 個)，抗苗勒管激素水準降低 (AMH $<$ 0.5~1.1 μ g/L)，基礎卵泡刺激素水準升高 (月經期 2-3 天測定，間隔 1 個月，2 次基礎 FSH $>$ 10 IU/L，月經週期正常或推遲 / 提前，月經量正常或減少，但行 IVF-ET 可發生卵巢低反應。第二個階段是早發性卵巢功能不全 (POI)，即女性 40 歲之前因卵巢功能減退而導致的月經異常，月經稀發或閉經持續 4 個月及以上，基礎 FSH $>$ 25IU/L (月經期 2-3 天測定，間隔 1 個月 2 次或以上)。第三個階段是卵巢早衰 (POF)，即 40 歲前發生卵巢功能衰竭，閉經持續 4 個月及以上，基礎 FSH $>$ 40IU/L (間隔 1 個月 2 次或以上)，同時伴有雌激素降低及絕經相關症狀，屬於 POI 的終末期。

卵巢功能衰退的主要病機是腎精不足，衝任虛弱。以腎虛為本，兼脾虛肝鬱，血虛血瘀。

中醫藥防治是以“虛則補之”為原則，以補腎填精為主要治法。注重調節陰陽平衡；善於“陽中求陰”、“陰中求陽”；宜兼顧肝脾，交通心腎，五臟同治。對於病程較長，因病致鬱，因鬱而加重病情者，注意疏肝養血，心身同治。

治療卵巢功能減退，宜採用綜合療法，即中藥湯劑、中成藥、膏方，配合針灸和情志疏導。可參考中醫週期療法，因勢利導，調理陰陽氣血，提高療效。

關鍵字：卵巢功能減退、中醫綜合治療

Prevention and Treatment of Ovarian Dysfunction by Traditional Chinese Medicine

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Songping Luo

Ovarian dysfunction is the main factor leading to a decrease in female fertility. It can manifest as reduced menstrual flow, irregular menstrual cycles, or amenorrhea. It is a difficult medical problem that causes ovulation disorders and infertility in women of childbearing age.

At present, pathological ovarian dysfunction is mainly diagnosed in three stages. The first stage is pathological diminished ovarian reserve (DOR), which occurs before the age of 40. It is characterized by a decrease in the reserve capacity of primordial follicles in the ovaries, including a decrease in the number or quality of recruited follicles, leading to the possibility of premature menopause or reduced fertility in women, a decrease in the number of antral follicles (bilateral ovarian antral follicles count $\leq 5-7$), a decrease in the level of anti-Müllerian hormone (AMH $< 0.5-1.1 \mu\text{g/L}$), and an increase of the level of basal follicle stimulating hormone (bFSH $> 10\text{IU/L}$ for 2 times with an interval of 1 month). The second stage is premature ovarian insufficiency (POI). Menstrual abnormalities caused by ovarian dysfunction in women before the age of 40, with oligomenorrhea or amenorrhea lasting for 4 months or more, bFSH $> 25\text{IU/L}$. The third stage is premature ovarian failure (POF), which refers to the occurrence of ovarian failure before the age of 40, with amenorrhea lasting for 4 months or more, basal FSH $> 40\text{IU/L}$ (twice or more every month), accompanied by decreased estrogen levels and menopausal related symptoms.

The main mechanism of disease in ovarian dysfunction is insufficient kidney essence and deficiency of Chong and Ren which based on kidney deficiency and it combined with spleen deficiency, liver depression, blood deficiency and blood stasis.

Traditional Chinese medicine prevention and treatment of ovarian dysfunction is based on the principle of "treating deficiency by tonification", with the main treatment method "being kidney tonifying". Pay attention to regulating the balance of yin and yang and skill in seeking yin within yang and yang within yin. It is advisable to balance the liver and spleen, connect the heart and kidneys, and treat the five viscera together. Attention should be paid to soothing the liver and nourishing blood, and treating the body and mind together for patients who has depression caused by illness with a long course of illness,.

In the treatment of ovarian dysfunction, it is advisable to adopt comprehensive therapy, that is, traditional Chinese medicine decoction, traditional Chinese patent medicines, cream formula, combined with acupuncture and moxibustion and emotional counseling. The treatment can refer to traditional Chinese medicine cycle therapy, guiding according to the situation, regulating yin, yang, qi and blood.

Keywords : ovarian dysfunction 、 comprehensive treatment of traditional Chinese medicine

台灣坐月子與產婦身心健康

中國醫藥大學附設醫院 中醫部婦科主任／蘇珊玉教授

全世界各地華人社會中仍保有婦女產後坐月子之習慣，即產婦在產褥期（產後 6 週內）實行某些特殊與平常生活不同的特殊傳統活動，是華人社會傳統的一部分。台灣坐月子的習俗經調查可分為飲食、草藥、行為三類，包括複雜的執行項目超過 25 項。本研究團隊多年來對台灣坐月子習俗的研究，發現在這些習俗項目中，特定中藥包含杜仲與生化湯的服用與子宮復舊相關，而生活行為包括洗澡與產後心理健康成正相關，而某些行為像是搬重物則心理健康成負相關，我們的研究提供台灣傳統坐月子的實證，也可做為臨床工作者與民衆在產後依循傳統坐月子時的參考。

Traditional Postpartum Practices in Taiwan and Their Impact on Maternal Health and Well-being

Physician and Director, TCM Gynecology division, Department of Chinese Medicine, China Medical University Hospital /
Professor Shan-Yu Su

The tradition of traditional postpartum practices, also known as "doing the month", after childbirth is still observed in Chinese societies globally. This practice involves performing specific traditional activities that differ from usual daily routines during the puerperium (the first six weeks postpartum) and is a part of Chinese cultural heritage. In Taiwan, these customs can be divided into three categories : diet, herbal medicine, and behavior, with over 25 detailed practices. Our research team has investigated these customs over the years and found that the use of certain Chinese herbs, such as *Eucommia ulmoides* and Sheng-Hua Decoction, is related to uterine recovery. Furthermore, behaviors like bathing are positively associated with postpartum psychological health, while lifting heavy objects is negatively associated. This research provides empirical evidence of traditional Taiwanese postpartum practices and can be used as a reference for clinicians and the public in following traditional postpartum care.

子宮內膜相關不孕的中西醫整合療法

愛群醫療機構總院長／賴榮年教授

子宮內膜的治療是西方醫學根據解剖位置、荷爾蒙週期性變化、各種生物指標 (biomarkers)、相關各種疾病衍生的病理變化等綜合的「辨病」治療方案，與中醫的從經前、期症候群、經血的質、色、量等的「辨證論治」是非常不同的診斷、治療方式，本文旨在探討子宮內膜太薄的不孕症上的中西醫整合的觀點及作法。

Integrative Therapy of Chinese and Western Medicine for Endometrium-Related Infertility

Chief of Integrative Holistic Medicine / Professor Jung-Nien Lai

Western medicine approaches the endometrium from the perspective of anatomical location, hormonal cycle variations, various biomarkers, and pathological changes arising from related diseases, offering a "disease differentiation" treatment plan. On the other hand, Traditional Chinese Medicine (TCM) diagnoses and treats based on "syndrome differentiation" by observing premenstrual syndrome, as well as the quality, color, and amount of menstrual blood. These are significantly different diagnostic and treatment methods. This article aims to explore the integrative viewpoints and practices of Chinese and Western medicine in addressing infertility caused by a thin endometrium.

中醫藥治療精液品質異常之男性不孕症療效

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男性因素導致的不孕症約佔在 20% 至 50% 之間，造成男性不孕原因有遺傳因素、荷爾蒙異常（如甲狀腺功能低下、高泌乳素血症）、疾病（如糖尿病）、生活型態（如吸菸、酗酒或藥物使用）、精索靜脈曲張、感染、環境問題等。而精子品質異常是男性不孕症的主要因素之一，約佔所有男性不孕症病例的 15-20%。目前各種藥物或營養補充劑雖已被證明可以改善精蟲品質，然而一些研究卻顯示了相反的結果。因此，大約 30-40% 的不孕男性尋求替代療法。本研究旨在根據世界衛生組織公布參考值評估中醫治療精蟲品質的影響，研究顯示中藥對於精蟲品質有顯著改善。

The Therapeutic Effects of Traditional Chinese Medicine for Poor Semen Quality in Infertile Males

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Male factor infertility accounts for approximately 20% to 50% of cases. Causes of male infertility include genetic factors, hormonal abnormalities (such as hypothyroidism and hyperprolactinemia), diseases (such as diabetes), lifestyle factors (such as smoking, alcohol abuse, or drug use), varicocele, infections, and environmental issues. Abnormal sperm quality is one of the primary factors of male infertility, accounting for about 15-20% of all male infertility cases. Although various medications or nutritional supplements have been proven to improve sperm quality, some studies have shown contradictory results. Consequently, approximately 30-40% of infertile men seek alternative therapies. This study aims to evaluate the effects of traditional Chinese medicine on sperm quality based on the reference values published by the World Health Organization. The research indicates that traditional Chinese medicine significantly improves sperm quality.

针灸结合中药在马来西亚辅助生殖领域中的应用

马来西亚中医总会／沈雁珊

近年来，针灸结合中药在全球范围内广泛应用于不孕症患者的辅助生殖治疗中，取得了一定的疗效。尽管针灸的疗效在提高临床妊娠率方面仍存在争议，但中药已被明确证实能够显著提升不孕症患者、无排卵患者及多囊卵巢综合征患者的临床妊娠率。马来西亚卫生部传统及辅助医药部门正在积极考虑在政府医院引入针灸治疗，以应对生育力低下患者的需求。2023年6月，传统及辅助医药部发布了一项题为“针灸在生育力低下患者中的辅助治疗”的技术评论，该评论基于对中国、美国、英国、澳大利亚、韩国、伊朗及智利等国的文献评估，总结了针灸在提升体外人工受精 (IVF) 患者的临床妊娠率方面的有效性。同时，针灸治疗在马来西亚的民间中医机构中也得到广泛推广，并取得了良好效果。本次演讲将基于马来西亚的实际案例，分享针灸结合中药在辅助生殖治疗中的应用经验。通过调理气血、改善子宫内膜环境、促进卵巢功能恢复，针灸和中药在提升胚胎着床率和妊娠率方面显示出显著效果。演讲内容将涵盖治疗方案、临床效果及患者反馈，旨在为中医从业者提供参考，并展望针灸结合中药在马来西亚辅助生殖领域的未来发展前景。

关键字：中医、针灸、中药、辅助生殖、马来西亚

The Application of Acupuncture Combined with Chinese Herbal Medicine in the Field of Assisted Reproductive Technology in Malaysia

Malaysia Chinese Medicine Association / Sin Yen Suan

In recent years, the combination of acupuncture and Chinese herbal medicine has been widely applied in the field of assisted reproductive technology worldwide, showing promising results. Although the efficacy of acupuncture in enhancing clinical pregnancy rates remains debated, Chinese herbal medicine has been proven to significantly improve pregnancy outcomes in patients with infertility, anovulation, and polycystic ovary syndrome (PCOS). The Traditional and Complementary Medicine (T & CM) Division of the Malaysia's Ministry of Health is actively considering the introduction of acupuncture in government hospitals to meet the growing demand from patients with fertility issues. In June 2023, the T & CM Division published a technical review titled "Acupuncture as an Adjunct Treatment for Subfertility." This review, based on literature assessments from countries including China, the United States, the United Kingdom, Australia, South Korea, Iran, and Chile, summarized the effectiveness of acupuncture in improving in vitro fertilization (IVF) outcomes. Additionally, acupuncture treatment has been widely promoted in private T & CM institutions in Malaysia, yielding encouraging results. This presentation will discuss Malaysia's experience with acupuncture and Chinese herbal medicine in assisted reproductive treatments, highlighting their role in regulating Qi and blood, improving the endometrial environment, and restoring ovarian function. It will include treatment protocols, clinical outcomes, and patient feedback, offering insights for T & CM practitioners and exploring the future development prospects of acupuncture combined with Chinese herbal medicine in the field of assisted reproduction in Malaysia.

Keywords : Chinese Medicine 、 Acupuncture 、 Chinese Herbal Medicine 、 Assisted Reproductive Technology 、 Malaysia.

中西醫結合安胎診斷思路與臨床經驗

林口長庚紀念醫院中醫部中醫婦科主治醫師／郭順利醫師

現今台灣較急重的安胎患者多住院安胎，中醫介入往往是由西醫會診而進行，筆者在本論壇中分享由早期協助處理西醫安胎藥副作用到現今中西醫結合安胎的演進過程所累積出的臨床經驗。

過去傳統診治由病史、臨床症狀與體徵判斷出患者的病症證，更重要是病機，而後擬定治法以處方，並觀察患者臨床表現改變而續調整處方。西醫安胎除了藥物介入，尚有非壓力性測試 (non-stress test：NST) 及超音波可監控胎心音、宮縮、胎兒生長狀況，這些監控儀器可提供中醫診治新的可測量指標 (measurable goal)，以評估中藥治療療效。

由傳統典籍安胎處方結合經驗調整，筆者認為安胎主要分為三塊互相拮抗的目標，母體體質 / 病症、胎兒生長與宮縮 (母、胎與子宮)，在臨床治療處方應針對此三部分進行平衡調整，另外尚須注意懷孕不同期別的差異，前期多偏寒，後期往往轉熱。

最後要提醒，長庚醫院因為代煎水藥需兩個工作天延遲，故安胎現今最方便的做法是以科學中藥粉配合丸劑的治法以隨機應變，因此，各位同道仍應據此經驗，自行因應臨證加減。

Diagnostic ideas and clinical experience of integrated traditional Chinese and Western medicine for tocolysis

Chang Gung Memorial Hospital, Linkou / Dr. Shun-Li Kuo

Nowadays, most of the more serious tocolysis patients in Taiwan are hospitalized for tocolysis, and TCM intervention is often performed in consultation with Western medicine. In this forum, the author shares the evolution process of accumulated clinical experience from early assistance in dealing with the side effects of Western tocolysis drugs to the current tocolysis with the combination of TCM and Western medicine.

In the past, traditional diagnosis and treatment were based on medical history, and clinical symptoms/signs to determine the patient's disease, zheng, and more importantly, the pathogenesis. Then, the doctors formulated a treatment method and prescription and continued to adjust the prescription based on changes in the patient's clinical manifestations. In addition to drug intervention, Western medicine tocolysis also includes a non-stress test (NST) and ultrasound to monitor fetal heart sounds, uterine contractions, and fetal growth. These monitoring instruments can provide new measurable indicators for TCM diagnosis and treatment (measurable goal) to evaluate the therapeutic efficacy of traditional Chinese medicine.

Based on the adjustment of tocolysis prescriptions from traditional classics and experience, the author believes that tocolysis is mainly divided into three mutually antagonistic goals, maternal constitution/disease, fetal growth, and uterine contractions (mother, fetus, and uterus). Clinical treatment prescriptions should target these three goals. Part of the balance adjustment is carried out. In addition, it is necessary to pay attention to the differences in different stages of pregnancy. It is often cold in the early stage and often turns hot in the later stage.

Finally, I would like to remind you that Chang Gung Memorial Hospital needs two working days for the preparation of the decoction. Therefore, the most convenient way to prevent miscarriage is to use Chinese medicine powder combined with pills to adapt to the situation. Therefore, all colleagues should still use this experience to make their own decisions, adding or subtracting according to clinical symptoms.

吳門婦科針藥併施在複發性流產中的臨床應用

青島大學附屬青島市中醫醫院婦科副主任／孫迎春 教授

吴门女科，倡六经辨证，善针药汇通，临床重病证症有机结合，形气神一体同调，直取其病，随证加减。本次讲座结合临床实际验案详解吴门验方独药及吴针妇人针灸在复发性流产之妙用，涉及吴门女科特色望诊、脉诊、抓独等临证技巧，充分体现学科特色，重塑思维模型，汇通中医学，提高临床疗效！

This article describes mentor bases on Wu's Gynecology theory, uses diagnosis and treatment, with the use of acupuncture and drugs, with inspection, pulse diagnosis and the method of seizing independence etc. In the clinical to achieve a unique effect in the treatment of recurrent abortion.

台灣孕婦中藥處方模式與安胎的療效研究

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背景與研究目標

中醫藥的使用已被廣泛推廣為治療妊娠期疾病包含安胎的療法。然而妊娠期間中藥的處方模式與使用科學中藥安胎的療效仍有許多未知。本研究目的是評估聯合西藥安胎藥與中藥對台灣孕婦診斷為先兆性流產或早產治療之療效評估。

研究方法與材料

本研究使用 2001 年至 2015 年台灣全民健康保險研究資料庫進行了一個回溯性世代研究。從 200 萬個隨機樣本中選擇了年齡在 18-50 歲曾接受西藥安胎藥物治療或使用科學中藥的孕婦。另根據可能有先兆性流產使用西藥安胎藥物和中藥安胎藥的治療，我們將使用者分為兩組：僅西藥安胎藥組 (n=40,961) 和西藥安胎藥加上中藥安胎藥組 (n=6,192)。統計使用傾向匹配對所有收納樣本分析生產之結果。另外使用條件邏輯回歸分析以檢驗使用中藥對於流產和早產機率的影響。

研究結果

有 20.2% 的孕婦在懷孕期間使用中藥濃縮製劑。其中三種最常用的單味中藥為黃芩 (4.4%)、杜仲 (2.5%) 與白朮 (2.4%)。最常用的複方濃縮製劑為當歸芍藥散 (4.1%)，加味逍遙散 (3.5%) 與香砂六君子湯 (2.6%)。中藥加上西藥安胎藥組對於早產的調整後勝算比 (OR) (n=411, 6.64%) 顯著低於單純西藥安胎藥組 (n=471, 7.61%) (OR：0.86, 95%CI：0.74-0.99)。

結論

我們發現中藥和西藥安胎藥的配合可以有利於孕婦預防早產。未來需要進一步的研究來調查可能之因果關係。另外建議益母草與和少腹逐瘀湯在第一妊娠期應該謹慎使用。

Research on the prescription pattern of traditional Chinese medicine and the efficacy of combined traditional Chinese and western medicine for tocolysis in pregnant women in Taiwan

Chief of TCM Gynecology, Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation /
Professor HSIEN-CHANG WU

Background and Objectives

The use of traditional Chinese medicine (TCM) has been widely promoted as a therapy for pregnancy disease including tocolysis. However, there are still many unknowns about the prescription pattern of Chinese herbal products (CHP) during pregnancy and the efficacy of using CHP for tocolysis. The goal was to evaluate the efficacy of combined tocolytic therapy and CHP therapy in pregnancy outcomes for pregnant women in Taiwan.

Methods and Materials

This study conducted a retrospective generational study using the Taiwan National Health Insurance Research Database from 2001 to 2015. Pregnant women aged 18-50 who had received Western tocolysis drugs or used CHP were selected from two million random samples. According to the medical use of tocolytics and CHP, we divided the users into two groups : western medicine (WM) only (n=40,961) and WM/CHP (n=6,192) groups. A propensity score (PS)-matched cohort (6,192 pairs) was established based on baseline confounders. All participants were followed up to perinatal outcomes. Conditional logistic regression analysis was used to examine the effects of CHP use on the odds of miscarriage and preterm birth.

Results

Pregnant women were prescribed CHP during pregnancy, yielding a CHP prescription rate of 20.2%. The three most frequently used herbs were *Scutellariae Radix* (Huang Qin) (4.4%), *Eucommiae cortex* (Du Zhong) (2.5%), and *Atractylodes Rhizome* (Bai Zhu) (2.4%). The most frequently used herbal formulae were Dang-Guei-Shao-Yao-San (4.1%), Jia-Wei-Xiao-Yao-San (3.5%), and Xiang-Sha-Liu-Jun-Zi-Tang (2.6%). The adjusted odds ratio (OR) (n=411,6.64%) of the CHP plus Western tocolysis group for premature birth was significantly lower than that of the Western tocolysis group alone (n=471,761%) (OR : 0.86 , 95%CI : 0.74-0.99).

Conclusion

We found that the combination of CHP and tocolytics can be beneficial to pregnant women in the prevention of premature birth. Further research is required to investigate causal relationships. It is worth noting that Leonuri Herba (Yi Mu Cao) and Shao-Fu-Zhu-Yu-Tang should be used with caution in the first trimester.

過飲食群不孕症患者的漢方治療及其安胎

日本藤門會 常任理事／賴 建守

由於科技的進步，電燈的發明、近年來電腦、網路等等的發達而導致了現今一般人生活上有普遍性「熬夜」或「晝夜顛倒」的傾向，爲了配合這種生活形態的需求，近年來在社區裡 24 小時營業的超商、至深夜營業的餐廳驟然大增。某些人也常會藉由「過度飲食、過度攝取零食・甜食」來舒解生活上的壓力，其所釀成的「腸熱（內熱裏實）」，加上「熬夜、缺乏勞動」的生活模式，更助長了「裏熱」的蘊釀，由於腸內環境的惡化，透過「gut-brain axis」的機制，導致免疫功能的降低、自律神經的失調。進而造成腦下垂體 甲狀腺，腎上腺，性腺的協調功能發生繁亂。這種不養生所引起的「裏熱」或「濕熱」，常常會形成「三陽合病」。而這「三陽合病」往往又是造成女性不孕症的一種重要病理機制。研討會中列舉幾個治療的實例，以介紹「合病治療」對不孕症患者的有效性。

有關「三陽合病」的概念，在『宋版傷寒論』裡有明確的記載。有兩個條文：一者是辨陽明病脈證并治第八中「白虎湯主之」的 219 條條文；另一者是無提及方劑，只描寫脈證和症狀，在辨少陽病脈證并治第九中的 268 條文。

至於「三陽合病」的治療，內藤希哲 (1701~1735) 在其著書『醫經解惑論』中，有如下的見解；「三陽合病者、謂太陽陽明少陽三證兼見者也、然仲景立例示法、則言三陽合病、視證處方、則陽明證多、則言陽明病、或言陽明中風、其言雖不一、而其實皆三經脈證見者也、其治法大抵捨太陽陽明而取少陽、以小柴胡湯主之、以少陽爲一身樞機故也、然而若裏熱甚者、白虎湯、白虎加人參湯以涼之、上實者、梔子湯以吐之、膀胱熱者、猪苓湯以滲之、三陽合病之治、已上四法盡之」。觀其治方，恰與『宋版傷寒論』中 219~223 條所列的處方相符合。221 條文中雖只言「陽明病」，但依內藤希哲的見解，則是敘述「三陽合病」治法的一個條文。

爾後，宇津木昆台 (1779~1848) 在『古訓醫傳・風寒熱病方・經篇』中，對「三陽合病」的治法作了相當詳盡的分析。他將 221~223，225，226 條的五個條文併成一條文，並解說從「陽明病、脈浮而緊、咽燥、口苦、腹滿而喘、發熱汗出、不惡寒反惡熱、身重。」爲止的條文，是論及：雖以陽明病爲起始點的病機，如果發展爲「少陽病」主證，「陽明病」爲客證的狀況時，其治方應以柴胡劑爲主。而且疾病進行到此階段時，常會涉及「裏氣鬱滯」加上「裏氣上攻」的病機，所以治療時，常須利用「石膏」的「降氣、鎮墜收斂作用」來強化治療效果。其常用處方爲柴胡劑加石膏：諸如小柴胡湯加石膏、柴白湯（小柴胡湯合白虎湯）、柴胡劑加栝蒌、石膏。

221 條文「…身重」以下之「若發汗則躁…若加溫鍼…」的敘述，則是描敘誤治（誤汗、燒鍼、誤下）之後所可能發展出的症狀及治方。而其中白虎加人參湯、猪苓湯，均是誤治後造成「津液虧損」時，在體內形成「津液不均等分布」時的治療方劑。

關鍵字：過飲食、裏熱、濕熱、三陽合病、白虎湯、柴胡劑、石膏

『宋版傷寒論』中的相關條文；

【219】

三陽合病、腹滿、身重、難以轉側、口不仁、面垢又作枯一云向經、讖語、遺尿。
發汗、則讖語、下之則額上生汗、手足逆冷。
若自汗出者、白虎湯主之。

【221】

陽明病、脈浮而緊、咽燥、口苦、腹滿而喘、發熱汗出、不惡寒反惡熱、身重。
若發汗則躁、心愢愢公對切反讖語。
若加溫鍼、必怵惕煩躁不得眠。
若下之、則胃中空虛、客氣動膈、心中懊憹。
舌上胎者。梔子豉湯主之。

【222】

若渴欲飲水、口乾舌燥者、白虎加人參湯主之。

【223】

若脈浮發熱。渴欲飲水。小便不利者。猪苓湯主之。

【225】

脈浮而遲、表熱裏寒、下利清穀者、四逆湯主之。

【226】

若胃中虛冷、不能食者、飲水則噦。

【268】

三陽合病、脈浮大、上關上、但欲眠睡、目合則汗。

Kampo Treatment for Infertility and Fatal Safety in Patients with Overeating and Drinking Habits

Kampo medical LAI clinic / Professor LAI CHIEN SHO

Due to advancements in technology, such as the invention of electric lights and the recent development of computers and the internet, people nowadays tend to "stay up late" or "experience a reversal of day and night". To accommodate this lifestyle, there has been a sudden increase in the number of 24-hour convenience stores and restaurants open late into the night in communities in recent years. Some people also often cope with the stress of daily life by overeating or excessively consuming snacks and sweets, which can lead to "intestinal heat" (internal heat due to excess). This lifestyle, characterized by staying up late and lack of physical activity, further exacerbates the accumulation of "internal heat". The deterioration of the intestinal environment, through the mechanism of the "gut-brain axis", leads to a decrease in immune function and an imbalance in the autonomic nervous system. This, in turn, causes disruptions in the coordinated functioning of the pituitary gland, thyroid, adrenal glands, and gonads. The "internal heat" or "dampness-heat" caused by this unhealthy lifestyle often leads to a condition known as "Combination of Three Yang Disease (三陽合病)". This "Combination of Three Yang Disease" is frequently a significant pathological mechanism behind female infertility. Several treatment cases were presented at the seminar to demonstrate the effectiveness of "combined treatment" for patients with infertility.

Regarding the concept of "Combination of Three Yang Disease", it is clearly documented in "the Song Edition of Shan Hang Lun (宋版傷寒論)". There are two relevant passages: one is found in clause 219 under "Differentiation and Treatment of Middle Yang Disease (陽明病)" in Chapter Eight, which mentions "Baihu Tang (白虎湯) is prescribed"; the other does not mention any specific formula but describes the pulse patterns and symptoms, and is found in clause 268 under "Differentiation and Treatment of Late Yang Disease (少陽病)" in Chapter Nine.

As for the treatment of "Combination of Three Yang Disease", Naitō Kitetsu (内藤希哲) (1701-1735) offered the following perspective in his work Medical Classics and the Resolution of Doubts 『醫經解惑論』: "Combination of Three Yang Disease refers to the simultaneous appearance of symptoms from the Early Yang, Middle Yang, and Late Yang stages. Although Zhang Zhongjing (張仲景) established principles and methods, when referring to Combination of Three Yang Disease, the specific prescription should be based on the dominant symptoms. If Middle Yang symptoms are predominant, it is referred to as Middle Yang Disease (陽明病) or even Middle Yang Wind-Impact (陽明中風). Although the terms may differ, they all refer to a condition involving symptoms from all three meridians. The general treatment method tends to prioritize Late Yang (少陽) over Early Yang and Middle Yang, with Xiao Chaihu Tang (小柴胡湯) being the main prescription, as Late Yang (少陽) is the cardinal link of the whole body. However, if internal heat is severe, Baihu Tang (白虎湯) or Baihu Jia Renshen Tang (白虎加入參湯) should be used to cool it; if there is upper excess, Zhizi Tang (梔子湯) should be

used to induce vomiting ; and if there is heat in the bladder, Zhuling Tang (豬苓湯) should be used to promote urination. The treatment of Combination of Three Yang Disease encompasses these four methods."

Upon examining these treatment prescriptions, they align with the prescriptions listed in clauses 219-223 of the Song Edition of Shan Hang Lun (宋版傷寒論). Although clause 221 only mentions " Middle Yang Disease," according to Naitō Kitetsu's interpretation, it describes one of the treatment methods for "Combination of Three Yang Disease".

Subsequently, Utsuki Kontai (宇津木昆台) (1779-1848) provided a detailed analysis of the treatment for " Combination of Three Yang Disease " in his work Kokun Iden『古訓醫傳』 On Wind-Cold-Heat Diseases (風寒熱病方) : He combined five clauses-221 to 223, 225, and 226-into a single passage and explained that from the phrase " Middle Yang disease, with a floating and tension pulse, dry throat, bitter mouth, abdominal distension and wheezing, fever with sweating, no aversion to cold but aversion to heat, and a heavy body," it discusses the pathological mechanism where although it starts as a Middle Yang disease, if it develops into a condition where Late Yang symptoms become dominant and Middle Yang symptoms secondary, the treatment should primarily focus on Chaihu-based formulas (柴胡劑).

Moreover, at this stage of the illness, it often involves a pathological mechanism where "internal qi becomes stagnant (裏氣鬱滯)" and "internal qi attacks upwards (裏氣上攻)". Therefore, during treatment, it is often necessary to use gypsum (Shigao ; 石膏) for its functions of "lowering qi and calming and restraining." Common prescriptions include Chaihu-based formulas with the addition of gypsum, such as Xiao Chaihu Tang with gypsum (小柴胡湯加石膏), Chai Bai Tang (柴白湯) (a combination of Xiao Chaihu Tang and Baihu Tang), and Chaihu formulas with Trichosanthes root (Gualou) and gypsum.

The passage from clause 221, starting from "...heaviness of the body" and continuing with "if sweating is induced, agitation results... if warm needling is applied..." describes the symptoms and treatments that may arise after mistreatment (such as improper sweating, improper warm needling, or improper purging). Among these treatments, Baihu Jia Renshen Tang and Zhuling Tang (豬苓湯) are formulas used when "fluid depletion" has occurred due to mistreatment, leading to "uneven distribution of bodily fluids" within the body.

Keywords : overeating and drinking, internal heat 、 dampness-heat 、 Combination of Three Yang Disease 、 Baihu Tang (白虎湯) 、 Chaihu-based formulas (柴胡劑) 、 gypsum (Shigao ; 石膏)

不孕症的中西整合治療

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近年來，由於生產率的降低，少子化已經造成全球性的問題。因此，鼓勵生育也成為各國重要的政策之一。晚婚加上生活上的壓力等因素，更讓不孕症治療的問題，受到了重視。

現代醫學因為有生物技術的優勢，在人工受孕方面取得很大的進步。但是，卵子與精子的品質、生殖免疫問題、子宮血流與環境、身體的新陳代謝等情況，卻也造成了一大部分人工受孕失敗的困擾。

中醫婦科學，自古以來即重視在婦女健康的維護與受孕生育的成功。相較於西方的現代醫學，中醫學也展現了不一樣的醫療思維與療效。本文即在總和中西整合醫療的研究，並結合作者三十多年來的中醫臨床治療及與西醫的合作經驗。對中西整合治療不孕症的工作，提出拋磚引玉的思維。

關鍵字：不孕症、中西整合、調經、生殖內分泌

Integrated Chinese and Western Treatment of Infertility

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In recent years, the declining birth rate has become a global problem due to declining productivity. Therefore, encouraging childbirth has become one of the important policies of various countries. Factors such as late marriage and life pressure have brought more attention to the issue of infertility treatment.

Modern medicine has made great progress in artificial insemination due to the advantages of biotechnology. However, ovum and sperm quality, reproductive immunity issues, uterine blood flow and environment, body metabolism, etc. have also caused a large number of artificial insemination failures.

TCM gynecology has attached great importance to the maintenance of woman's health and the success of pregnancy and childbirth since ancient times. Compared with modern Western medicine, Chinese medicine also shows different medical thinking and efficacy. This article summarizes the research on integrated Chinese and Western medicine, and combines the author's more than 30 years of clinical treatment with Chinese medicine and experience in cooperation with Western medicine. This article puts forward some ideas for integrating Chinese and Western methods in the treatment of infertility.

Keywords : infertility 、 Chinese and Western integration 、 menstrual regulation, reproductive endocrinology

9/29 (星期日) 201 大會廳

大會開幕式特別演講暨針灸論壇

Opening Ceremony of the Conference and Acupuncture Forum

師古鑑今開創新猷

Conference theme : Learn from the past the present
to create new one

針灸臨床研究及國際化

中國醫藥大學中醫學系／林昭庚

我們進行了一系列臨床試驗研究針灸的鎮痛效果。其中一項主要的臨床試驗評估了高頻和低頻電針療法對術後疼痛管理的影響，研究發現，電針著減少術後了對嗎啡的需求以及阿片類藥物相關副作用的發生率，顯示針灸作為疼痛管理療法的潛力。此外，針灸 / 電針療法還在治療肩周炎、膝關節問題、腰痛、剖腹產等疼痛方面顯示療效。我們的最新研究探討了抗組胺藥與針灸鎮痛的相互作用，特定組胺藥可以增強針灸的鎮痛效果。我們在針灸實證醫學 (EBM) 方面的工作概述了證據等級，並分別描述針灸在各大類疾病系統評價和隨機對照試驗 (RCT) 的結果，也據此制訂了臨床指南，我們的工作有效地將傳統針灸整合至與現代醫學。

Acupuncture Clinical Research and Internationalization

Jaung-Geng Lin

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We conducted a series of clinical trials to study the analgesic effects of acupuncture. Among them, a major clinical trial evaluated the impact of high-frequency and low-frequency electroacupuncture (EA) on postoperative pain management. The study found that EA significantly reduced the need for morphine and the incidence of opioid-related side effects, demonstrating the potential of acupuncture as a pain management therapy. Additionally, acupuncture/electroacupuncture showed efficacy in treating pain associated with frozen shoulder, knee-joint issues, lower back pain, and cesarean sections. Our recent research explored the interaction between antihistamines and acupuncture analgesia, revealing that certain antihistamines can enhance the analgesic effects of acupuncture. Our work in evidence-based medicine (EBM) in acupuncture outlined the levels of evidence, describing the results of systematic reviews and randomized controlled trials (RCTs) across various major disease systems. Based on these findings, we have also developed clinical guidelines. Our efforts have effectively integrated traditional acupuncture practices with modern medical research.

中西醫結合治療癌症：開發抗腫瘤的免疫調節方劑

中國醫藥大學中醫藥研究中心與中西醫結合研究所／王陸海

癌症治療及後續調養的一個主要挑戰是由於殘留的癌細胞，包括被認為引起化療或放療抗藥性的癌幹細胞而導致癌症的復發。腫瘤細胞與其周圍的細胞和非細胞成分 (即所謂的腫瘤微環境，TME) 之間的相互作用決定了癌症的生長和進展。在 TME 的成分中，免疫環境，包括免疫細胞和免疫細胞素 (immune cytokine)，在控制腫瘤生長、轉移和藥物抗藥性方面有關鍵作用。

我們開發了一種富含多醣 (如 β - 葡聚糖)、黃酮類化合物、麥角固醇、多酚類化合物、兒茶素和單寧的草本配方 HBK，這些成分已知具有免疫調節和抗氧化作用。使用異種移植肺癌小鼠模型，我們展示了 HBK 對腫瘤生長和轉移 (尤其是後者) 有顯著的抑制作用。HBK 還能有效抑制原位腫瘤手術切除後的復發。攝入 HBK 的小鼠外周血中的抗氧化酶 (如 SOD 和 GPx) 顯著增加。針對 HBK 處理過的小鼠腫瘤的 TME 免疫細胞分析顯示 HBK 能夠重塑 TME 成為抗腫瘤的免疫環境，包括增加了抗腫瘤的 CD8⁺T 細胞、M1 巨噬細胞和 NK 細胞，同時減少了促進腫瘤生長的 M2 巨噬細胞、調節性 T 細胞 (Treg) 和骨髓衍生抑制細胞 (MDSCs)。HBK 並且抑制了 TME 幾種促進腫瘤的免疫調節分子，包括 MYD88、TRIF、NF κ B 和 p-NF κ B。經過 HBK 處理的小鼠在食物消耗、體重和各器官的組織病理學分析中未顯示出對健康的不良影響。

我們的研究結果顯示，HBK 可以作為一種健康食品，用在與西方醫學治療癌症相結合的輔助療法，以實現長期的癌症管理。

Integrated West and East medicine treatment of cancer : development of anti-tumor immune modulatory remedy

Chinese Medicine research Center and Inst. of Integrated Medicine, China Medical University / Lu-Hai Wang

A major challenge of cancer treatment and subsequent management is recurrence due to residual cancer cells including cancer stem cells thought to be involved in development of chemo or radiation resistance. Interaction between tumor cells and their immediate cellular and non-cellular components, so called tumor microenvironment (TME) governs the growth and progression of cancer. Among the components in TME, immune landscape including immune cells and immune cytokines, plays a key role in controlling tumor growth, metastasis and drug resistance. We have developed a compound herbal formulation HBK rich in polysaccharides such as beta-glucans, flavonoids, ergosterol, polyphenolic compounds, catechin and tannins. Which are known to pertain immune modulatory and anti-oxidant effect. Using a xenograft lung cancer mouse model, we showed a pronounced inhibitory effect of HBK on the growth and metastasis, especially the latter, of tumor. HBK also effectively inhibited the recurrence of tumor following surgical removal of the primary tumor. The mice ingested HBK displayed increased anti-oxidant enzymes including SOD and GPx in the peripheral blood. Analysis of the TME of tumors resected from HBK treated mice revealed an anti-tumor immune landscape including increased cytotoxic CD8⁺ T cells, M1 macrophages and NK cells, and reduced tumor promoting M2 macrophages, Treg cells and Marrow derived suppressor cells (MDSCs). The expressions of several tumor promoting immune regulatory molecules including MYD88, TRIF, NFkB, and p-NFkB are inhibited by HBK. The treated mice displayed no adverse effect on wellbeing as reflected in food consumption, body weight and histopathological analysis of various organs. Our results suggest that HBK can be used as a healthy food for adjuvant therapy in combination with Western medicine treatment of cancer for long term cancer management.

Future Perspectives and Innovative Treatment Methods of Traditional East Asian Medicine Utilizing Facial, Oral, and Nasal Acupuncture for Both Cosmetic and Therapeutic Purposes

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Background

Traditional East Asian Medicine (TEAM) continues to evolve, blending ancient practices with modern innovations. This presentation introduces a novel acupuncture technique targeting the oral, nasal, and facial regions, collectively referred to as oronasofacial acupuncture, for treating various health conditions and enhancing aesthetics.

Introduction to Oronasofacial Acupuncture

Oro (mouth), naso (nose), and facial (face) acupuncture integrates orthopedic-style acupuncture and meridians specific to the oral cavity, nasal passages, and head and neck areas. Targeting the oronasofacial muscles is crucial for treating head-related conditions as these muscles play a significant role in numerous physiological functions and structural alignments. This innovative technique allows for extensive treatment of conditions such as obstructive sleep apnea, temporomandibular joint disorders (TMD), and facial asymmetry, alongside notable aesthetic benefits like improved skin condition, correction of the skeletal structure, and reduced signs of aging.

Technological Integration

Modern diagnostic tools enhance the credibility of assessments and facilitate tailored treatment plans. The Digital Pulse Diagnosis Device converts traditional pulse readings into digital data, providing objective pulse measurement and individualized data analysis. The 3D Face Scanner offers precise measurements of both pre- and post-treatment changes in facial volume, structure, and skin condition, allowing for comprehensive visualization of treatment outcomes. The polysomnography device is used to measure the apnea-hypopnea index (AHI), obstructive apnea-hypopnea index (oAHI), snoring, and oxygen desaturation index (ODI), providing critical data on the effectiveness of acupuncture for obstructive sleep apnea.

Case Studies

This presentation introduces case studies successfully treating sleep apnea, TMJ disorders, and facial asymmetry using oronasofacial acupuncture. These studies demonstrate the practical application and effectiveness of this technique in real-world clinical settings.

Conclusion

Oronasofacial acupuncture represents significant potential in TEAM, providing a versatile and effective treatment for both health and aesthetic concerns. Furthermore, the integration of advanced diagnostic technologies with acupuncture treatments enhances assessment accuracy and improves patient care.

低強度雷射在診斷和治療中的應用：使用 Paul Nogier 和 Frank Bahr 的七個共振頻率得到令人著迷的治療結果

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低強度雷射在診斷與治療的應用：根據 Paul Nogier 和 Frank Bahr 的說法，七個共振頻率的令人著迷的結果

雷射針灸 (LA) 是所謂的傳統中醫 (TCM) 和現代科學的瑰寶的綜合。雷射針灸是利用非熱、低強度的雷射照射來刺激身體或耳朵上的穴位。LA 是傳統針灸的安全且非侵入性的替代方案。- 雷射是一種獨特的光形式；它是只有一種波長 (顏色) 的光，與其他所有光源相比，它是一種連貫的運動。

這些雷射物理特性使其能夠非常精確地用於診斷和治療。德國物理學家 F. A. POPP 將穴位概括地描述為電磁訊號的發射器和接收器¹。雷射在物理上是一種電磁 (高純度 / “連貫”) 振盪，根據 POPP 概念，它就像鑰匙插入針灸鎖一樣。

世界上最常用的共振是 Paul Nogier 的七種共振以及 Frank Bahr 相應的七種基本共振²。

說明	Original Nogier	Higher Octave	Bahr
組織混亂；病灶檢測	A 2.28 Hz	A' 292 Hz	5
有營養；內臟器官	B 4.56 Hz	B' 584 Hz	4
間質，“骨科”	C 9.12 Hz	C' 1168 Hz	3
耳屏、偏側性、交感性	D 18.25 Hz	D' 2336 Hz	2
骨髓、週邊神經	E 36.50 Hz	E' 4672 Hz	1
牙齒 - 口腔 - 上顎區域	F 73.00 Hz	F' 9344 Hz	7
心身、皮質、眼睛	G 146.00 Hz	G' 18 688 Hz	6

將使用各種範例來討論這些共振對於診斷和治療的價值。

關鍵字與縮寫：雷射、針灸、雷射針灸 (LA)、低強度雷射療法 (LLLT)、光生物調節 (PBM)、RAC (動態脈搏測試)、共振

¹ POPP, F.-A. Deutungsversuche zur Akupunktur. Der Akupunkturarzt / Aurikulotherapeut, DZA, 5 (1979), S. 118.

² BAHN F.R. Systematik und Praktikum der wissenschaftlichen Ohrakupunktur für Fortgeschrittene (Aurikulomedizin III. Stufe) Skriptum 1998

Low-Level-Laser in Diagnostic and Therapy : Fascinating Results by the seven Resonance -Frequencies according to Paul Nogier and Frank Bahr

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Low-Level-Laser in Diagnostic and Therapy :

Fascinating Results by the seven Resonance -Frequencies according to Paul Nogier and Frank Bahr

Laser acupuncture (LA) is a synthesis of the treasures of so called Traditional Chinese Medicine (TCM) and modern science. Laser acupuncture is the use of nonthermal, low-intensity laser irradiation to stimulate acupuncture points on the body or ear. LA is a safe and non-invasive alternative to traditional acupuncture. - Laser is a unique form of light ; it is light of only one wavelength (color) and in contrast to all other sources of light a coherent movement.

These physical properties of the laser enable it to be used very precisely for diagnostics and therapy. The German physicist F. A. POPP describes the acupuncture points in general as transmitters and receivers of electromagnetic signals³. Laser is physically an electromagnetic (highly pure/ “coherent”) oscillation, which according to the POPP concept fits like a key into the acupuncture lock.

Worldwide the most commonly used resonances are the seven resonances by Paul Nogier and the corresponding seven basic resonances by Frank Bah⁴.

Indication	Original Nogier	Higher Octave	Bahr
Disorganization ; detection of foci	A 2.28 Hz	A' 292 Hz	5
Nutritive ; inner organs	B 4.56 Hz	B' 584 Hz	4
Mesenchymal, “orthopedic”	C 9.12 Hz	C' 1168 Hz	3
Tragus, laterality, sympathetic	D 18.25 Hz	D' 2336 Hz	2
Bone marrow, peripheral nerves	E 36.50 Hz	E' 4672 Hz	1
Denta-oral-maxillary region	F 73.00 Hz	F' 9344 Hz	7
Psychosomatic, cortex, eyes	G 146.00 Hz	G' 18 688 Hz	6

The values of these resonances for diagnostic and treatments will be discussed using various examples.

Keywords and abbreviations : laser, acupuncture 、laser-acupuncture (LA) 、Low-Level-Laser-Therapy (LLLT) 、photobiomodulation (PBM) 、RAC (Dynamic Puls Testing), resonances

³ POPP, F.-A. Deutungsversuche zur Akupunktur. Der Akupunkturarzt / Aurikulothérapeut, DZA, 5 (1979), S. 118.

⁴ BAHR F.R. Systematik und Praktikum der wissenschaftlichen Ohrakupunktur für Fortgeschrittene (Aurikulomedizin III. Stufe) Skriptum 1998



《Nine Needles and Twelve Origins》"Everyone who is going to use the acupuncture must first diagnose the pulse."

China Medical University / Yung-Hsien Chang

All Chinese medicine diagnoses and treats diseases by observing, smelling, asking, and palpation, and then rationalizes the method, prescriptions, and acupuncture. If acupuncture is used for treatment in the & lt ; & lt ; Huangdi Neijing & gt ; & gt ; . & quot ; Everyone who is going to use an acupuncture must first diagnose the pulse. & quot ; Sun Simiao also said in & lt ; & lt ; Qian Jin Yifang & gt ; & gt ; , & quot ; The way of a good doctor is to diagnose the pulse first and prescribe acupuncture. & quot ; & quot ; Acupuncture must always check the pulse. If the pulse is good, acupuncture should be performed. If the pulse is disordered, do not acupuncture. & quot ; This has a special meaning. & quot ; It can be cured depending on the dramatic changes in qi. & quot ; The basis of therapeutic effect is to & quot ; detain qi & quot ; , and the objective indicator of & quot ; deqi & quot ; in acupuncture is the change in pulse condition before and after acupuncture. However, deqi can be felt by the patient & #39 ; s acupuncture sensation, soreness, numbness, swelling, and heaviness, while the doctor can feel the & quot ; qi arrival & quot ; by the heaviness, astringency, and tight under the acupuncture. & lt ; & lt ; Lingshu. Nine Needles and Twelve Origins & gt ; & gt ; says, & quot ; When the qi does not arrive when the qi is stabbed, there is no need to ask about the number. When the qi arrives when the qi is stabbed, it will go away. Do not need to more stimulation the needle again. & quot ; The qi arrives, qi is contained and the qi is urged . & quot ; However, it seems that the full meaning of & quot ; everyone who is going to use an acupuncture must first diagnose the pulse & quot ; still cannot be all explained.

In 1983, French Dr. Noiger proposed the Auriculocardiac Reflex (ACR) for auricular acupuncture, which involves stimulating ear acupuncture points and then observing changes in pulse. The doctor holds the patient & #39 ; s left hand with his left hand, gently presses the patient & #39 ; s left Guan pulse with his thumb, observes the changes in the pulse before and after acupuncture, and observes the speed and strength of the pulse. If the pulse speeds up, it is ACR(+) ; if it slows down, it is ACR(-).

The objective indicator of acupuncture is the change in pulse condition before and after acupuncture, that is, acupuncture requires observing the change in pulse condition before and after acupuncture. If measured with a pulse sensing meter, the changes in the pulse can be seen objectively. This further explains & quot ; Lingshu. Nine Acupuncture and Twelve Principles & quot ; & quot ; Everyone who is going to use acupuncture must first diagnose the pulse meaning".The doctor touch the radial artery to identify the pulse. On the radial artery, apply pressure, lift, and press at the three locations of Cun, Guan, and Chi respectively, and sink and touch different pulse positions.

Pulse condition refers to the changes in pulse number, position, shape, momentum and rhythm felt by the doctor when he touches the patient & #39 ; s pulse with his fingers.

Pulse number is the frequency, the number of pulses (moderate pulse, slow pulse, fast pulse, hurry pulse). Pulse position refers to the depth of the pulse site (floating pulse, sinking pulse). Pulse shape refers to the shape of the pulse (stringy pulse, tight pulse, slippery pulse, astringent pulse). Pulse potential refers to the strength of the pulse (deficient pulse, solid pulse, thin pulse, flood pulse), and pulse rhythm refers to the pattern of the pulse (intermittent pulse, skipping pulse, bound pulse)etc..

According to modern medical research, the image of the pulse is mainly composed of three conditions: the pressure generated by the heart & #39;s pulsation (including stroke volume and stroke force), the elasticity and peripheral resistance of the artery wall, and the blood viscosity. The cause of normal pulse is a comprehensive reflection of multiple factors such as heart rate, heart activity rhythm, cardiac ejection function, arterial wall elasticity, arteriolar tone, blood vessel filling, and nerve and endocrine regulatory functions. The pulse wave consists of the ascending and descending limbs.

The ascending and descending branches form the main wave. There are also two waves and a notch on the descending limb, namely the tidal wave (pressure wave) (pre-digest wave), the descending mid-wave (dicrostic wave) and the descending gorge (dicrostic wave notch). The pulse wave chart can reflect the dynamics of the pulse and can show the speed, tension, fluency and uniformity of the pulse. Pulse diagnosis in traditional Chinese medicine is difficult to learn and master. Even Wang Shuhe, the author of & It ; & It ; Mai Jing & gt ; & gt ; said, & quot ; It is difficult to understand with the finger when it is not clear in the mind. & quot ; Nowadays, there are pulse sensing meters that can display pulse wave diagrams for objective and detailed diagnosis and research, and even & quot ; everyone who will use it & quot ; You must first diagnose the pulse before using acupuncture. & quot ; You can see the changes before and after acupuncture.

針刺小腦新區治療癌症及疑難大病

美國加州五系中醫藥大學副教授／吳奇教授

頭針小腦先驅，著名六大頭皮針專家代表之一及林氏頭皮針之發明人，上海林學儉教授在 20 世紀 90 年代時發現小腦新區，並通過臨床驗證，因其卓效而確立。在臨床上治好了許多神經系統相關之疑難疾病。林學儉教授與其學生及傳人 -- 美國的吳奇教授在 2000 年合著並在美國出版《頭皮針小腦新區》。2012 年由中國人民衛生出版社再次以中英文雙語出版。本世紀初林教授在美國加拿大等地講學廣受歡迎。本次大會，吳奇醫師將講述頭皮針小腦新區定位原理、使用方法，以及應用頭皮針刺小腦配合移光定位針灸，治療癌症及許多臨床疑難大病。

Professor Lin Xuejian from Shanghai, the pioneer of scalp acupuncture in the cerebellum zone, one of the six famous representatives of scalp acupuncture, and the inventor of Lin's scalp acupuncture, discovered the New Cerebellum Zone in the 1990s, and verified its validity through successfully treated many difficult diseases related to the neurological system. Later, Professor Lin Xuejian and his student and disciple, Professor Andrew Qi Wu from the United States, co-authored the book Scalp Acupuncture in the New Cerebellar Zone in 2000 and published it in the United States. The book was published again in Chinese and English by the China People's Medical Publishing House in 2012. In the beginning of 2000s, Professor Lin's lectures in the United States and Canada were very popular. At this conference, Professor Wu will talk about treating cancer and many clinically difficult diseases from his own experience with scalp acupuncture in the New Cerebellar Zone, along with his breakthrough sunlight-shifting positioning acupuncture.

乾針治療之臨床應用與研究

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肌筋膜疼痛症候群以肌激痛點的存在為特徵，被認為是肌肉骨骼疼痛的常見來源。肌激痛點是骨骼肌肌緊繃帶內的一個過度刺激點，在組織受壓、拉伸、超負荷或收縮時會感到疼痛，通常會產生遠離該點的引傳性疼痛。有幾種針刺療法被認為可以用來治療肌筋膜疼痛症候群。事實上，可以簡單分成兩種不同的針刺療法來降低肌激痛點的活性：濕針療法（把生理鹽水或麻醉劑等物質注射到肌激痛點中的注射技術）或乾針療法。浮針是一種新發明的乾針療法。治療的目標是患肌（定義為包括肌激痛點的病理性緊張肌肉）。浮針結合特殊技術（掃散和再灌注）可以治療軟組織疼痛疾病。

肌激痛點針刺療法的應用是一種將細針插入肌激痛點中以減輕疼痛並改善運動範圍的技術，能夠透過減少肌激痛點的周邊傷害感受、減少背角神經元活動和調節來降低這種興奮性和調節腦幹區域。然而，效果只能在短期內觀察到，而且效果很小，這代表肌激痛點在複雜的慢性疼痛經歷中扮演了特殊的角色。在為慢性疼痛患者進行針刺治療時，建議醫師或治療師在提供治療時，整合當代的疼痛神經科學。這意味著應用基於證據的建議；因此，肌激痛點針刺療法可以是，但不應該是慢性疼痛患者唯一治療計劃的一部分。全面的治療計畫，應包括神經科學疼痛教育、運動計畫、自我管理（包括分級活動）、壓力管理（心理）、睡眠管理以及其他個人化的自我管理面向。

Clinical Application and Research of Dry Needling Therapy

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Myofascial pain syndrome, characterized by the presence of myofascial trigger points (TrPs), is recognized as a common source of musculoskeletal pain. Myofascial TrP is a hyperirritable spot within a taut band of skeletal muscle that is painful on compression, stretch, overload, or contraction of the tissue, which usually responds with a referred pain that is perceived as distant from the spot. Several needling therapies are proposed for the treatment of myofascial pain syndrome. In fact, two different needling applications can be used to inactivate TrP : wet needling (injections, a technique that involves injecting a substance such as saline or anesthetic into the TrP) or dry needling. Fu's subcutaneous needling (FSN) is one of the newly invented dry needling methods. The treated target is tightened muscle (the muscle including TrPs). The soft tissue pain diseases might be treated via FSN combined the special techniques (swaying movement and reperfusion approach).

The application of TrP needling therapy, a technique that involves inserting a thin needle into a TrP to relieve pain and improve range of motion, is able to reduce this excitability by reducing peripheral nociception from the TrP, by reducing dorsal horn neuron activity and by modulating brainstem areas. However, effects are only seen at short-term and effect sizes are small, pointing to a particular role that TrPs play within the complex chronic pain experience. When providing needling therapy to chronic pain patients, therapists are advised to integrate contemporary pain neurosciences when providing the treatment. This implies applying evidence-based recommendations ; therefore, TrP needling therapy can be part of, but should never be, the only treatment plan for individuals with chronic pain. A comprehensive management program should include neuroscience pain education, exercise programs, self-management (including graded activity), stress management (psychological), sleep management, and other individually tailored aspects of self-management.

《軒轅耳針治疑難》

田憶芳

軒轅耳針是由耳十二經絡，耳十五絡脈，耳十二經筋，耳奇經八脈，以及耳夾脊脈，耳營氣脈和耳衛氣脈組成的耳經絡體系。

其代表着每一個經脈的耳部確切定位（耳穴），是作者運用“抵壓刺激方法”，逐一測試目前通用耳穴，明確其真實性質，確定其歸經，並驗之於臨床，歷經三十余年所獲之心血結晶。

古人早已觀察到耳與全身臟腑經絡有密切的聯繫，指出“一身之氣貫於耳”；馬王堆出土帛書中已記載有“耳脈”。軒轅耳經絡描繪出耳與臟腑經絡相聯繫的具體路線和形式，揭示耳為諸脈之源，展示了耳針的辨證論治特點，是對中醫經絡理論和實踐的創新性發展。

軒轅耳針不僅能夠運用中醫經絡的各種辨證方法來分析病機，指導組方選穴，更可超越絡脈經筋和奇經八脈缺少穴位的局限，引導經氣直達病所，通經逐邪！

作者以治療帕金森和半臉無汗症為例，分享軒轅耳針治疑難的思路與心得，希望有助於提高耳針臨床療效，增加攻克疑難雜症的技藝，造福人類。

Xuanyuan Auricular Acupuncture for Parkinsonism and Hemifacial Anhidrosis

Yifang Tian
Canada

Xuanyuan auricular Jingluo system consists of the twelve regular Jing Mais, fifteen Collaterals, twelve Sinews, and eight extraordinary Jing Mais, as well as Jiaji Mai, Yingqi Mai and Weiqi Mai.

The precise location and true nature of each Xuanyuan auricular point, representing its corresponding Jing Mai, has been identified by "pressing stimulation and tracing method", which has a similar nature as "Shi zhen" one of the nine kinds of needles introduced in the first chapter of "Ling Shu". Followed by clinical observation, the author's pioneering research and identification on Xuanyuan auricular acupuncture as well as clinical practice span more than three decades.

Ancient TCM practitioners observed the connection between the ear and body meridians. The earliest recorded mention of "ear Mai" is found in "The silk book Meridians," unearthed in 1973 from the Mawangdui Han dynasty cemetery near Changsha in Hunan province. Xuanyuan auricular Jinluo demonstrates how exactly the ear and zangfu as well as body Meridian connected represent a breakthrough in auricular acupuncture.

Differentiation methods of TCM such as BA GANG, QI XU, LIU JING, YIN YANG etc, all can be used in Xuanyuan Auricular Model, another important advantage of Xuanyuan auricular acupuncture is to overcome the limitation of lacking acupuncture points of Luo Mais, Sinews and those extraordinary Jing Mais, make "Jing Qi" directly reaches those problem spots, strengthen the body and eliminate evil!

Using the clinical case Parkinsonism and Hemifacial Anhidrosis, the author demonstrates the application of Xuanyuan auricular acupuncture in treating challenge problems.

針灸治療慢性疼痛與重鬱症共病的療效機轉： 隨機雙盲交叉研究

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慢性疼痛與重度憂鬱症造成病患、家庭、社會很大的負擔，雖然目前有很多的藥物可以使用，但療效上仍有侷限且帶來不少的副作用，簡便廉效的整合性醫療是需要的。根據之前的研究，慢性疼痛與重度憂鬱症在臨床症狀、腦部路徑是息息相關且互相影響的。末學之研究團隊，根據過去的研究成果以及先前文獻回顧，欲探討針灸對慢性疼痛合併重度憂鬱症共病的療效。

在本隨機雙盲交叉針灸人體臨床實驗中，我們選取的對象是慢性疼痛與憂鬱共病的患者，且在抗憂鬱藥物與止痛藥治療下，仍被診斷為慢性疼痛與重度憂鬱症患者，主要收案條件：漢氏憂鬱症量表 21-item Hamilton Depression Rating Scale(HAM-D) 分數 ≥ 18 ，簡明疼痛量表第五項 the fifth item of the Brief Pain Inventory (BPI) 分數 ≥ 4 ，介入方法為針灸治療 (先選擇針對治療疼痛相關的穴位治療六周，後選擇針對治療憂鬱的穴位六周；另一組先憂鬱穴位後疼痛穴位)，中間會有兩周 wash out periods，我們發現兩組都能同時達到臨床與免疫降低憂鬱與疼痛的療效 (組內前後測)，包含病人疼痛量表 (BPI)、憂鬱量表 (HAM-D、BDI)、血液的 cytokines (IL-1 β 、IL-6、TNF- α) 都有顯著降低，這項研究對於臨床有重大貢獻，因為我們收案的對象是已經在服用抗憂鬱藥以及止痛藥，卻仍有重鬱症以及嚴重疼痛之患者。雖然實驗兩組 (先疼痛穴後憂鬱穴位，或先憂鬱穴位後疼痛穴位) 之間沒有顯著差異，但這也呼應了我們在量表與 cytokines 的發現，亦即疼痛與憂鬱共有許多路徑與生化因子、密不可分。

關鍵字：疼痛、憂鬱、共病、針灸

Clinical efficacy and immune effects of acupuncture in patients with comorbid chronic pain and major depression disorder : A double-blinded, randomized controlled crossover study.

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Chronic pain and major depressive disorder (MDD) impose a significant burden on patients, families, and society. Although numerous pharmacological treatments are available, their efficacy remains limited, often accompanied by side effects. Therefore, a simple, cost-effective, and integrated approach to treatment is highly needed. Previous studies have shown that chronic pain and MDD are closely related in terms of clinical symptoms and brain pathways, influencing each other. Based on these findings and a comprehensive literature review, our research team aimed to investigate the efficacy of acupuncture in treating comorbid chronic pain and MDD.

In this randomized, double-blind, crossover clinical trial, we recruited patients diagnosed with both chronic pain and MDD despite treatment with antidepressants and analgesics. The primary inclusion criteria were a Hamilton Depression Rating Scale (HAM-D) score of ≥ 18 and a score of ≥ 4 on the fifth item of the Brief Pain Inventory (BPI). The intervention consisted of acupuncture treatment for six weeks, initially targeting acupuncture points for pain relief, followed by six weeks targeting points for depression (and vice versa for the control group). A two-week washout period was implemented between phases. We found that both groups achieved significant reductions in clinical and immunological markers of depression and pain (within-group pre- and post-treatment comparison), including BPI, HAM-D, Beck Depression Inventory (BDI), and serum cytokines (IL-1 β , IL-6, TNF- α). These findings are clinically significant because our participants continued to experience severe pain and depression despite ongoing pharmacological treatment.

Although there was no significant difference between the two groups (pain-first vs. depression-first acupuncture points sequence), this aligns with our findings from the scales and cytokine measurements, indicating that chronic pain and depression share common pathways and biochemical factors that are deeply interconnected. This study contributes to the understanding and management of patients with comorbid chronic pain and MDD

Keywords : pain 、 depression 、 comorbidity 、 acupuncture

浮針、氣血新論和肌肉學

符仲華

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浮針是用一次性使用浮針在引起局限性病痛的自發性緊張肌肉的周圍或鄰近四肢進行的皮下針刺法，常配合掃散和再灌注活動，對於其適應症，具有見效快，安全無副作用，可重複性高等特點。

經過二十多年的臨床和科研探索，我們發現：浮針主要治療的肌肉相關病痛，雖然這些病痛常被人們誤解為骨性變化的問題，神經的問題，等等，亟待糾正。

關於肌肉的問題，中醫界其他一直很重視，只是說法不同而已。我們認為：“氣”約等於肌肉的功能，氣血之間的關係就相當於肌肉與血循環之間的關係。因為疏於對肌肉病理學的認識，導致臨床上大量誤診，造成醫療經費的大量浪費，呼籲加快建立肌肉學。

Fu's Subcutaneous Needling, New Theory of Qi and Blood, Myology

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Zhong-hua Fu

Fu's subcutaneous needling (FSN) is a subcutaneous acupuncture method that uses a disposable FSN needle around the spontaneously tense muscles or adjacent to the limbs that cause localized pain. It often combines swaying movement with reperfusion approach activities. For its indications, it has the advantages of quick results, safety without side effects, and high repeatability.

After more than 20 years of clinical and scientific research exploration, we have discovered that Fu's subcutaneous needling mainly treats muscle-related ailments. Although these ailments are often misunderstood by people as bony changes, nerve problems, etc., they need to be corrected urgently.

Others in the Chinese medicine community have always attached great importance to muscle issues, but they have different opinions. We believe that "qi" is approximately equal to the function of muscles, and the relationship between qi and blood is equivalent to the relationship between muscles and blood circulation. The lack of understanding of muscle pathology has led to many clinical misdiagnoses and a large waste of medical funds. It is called for accelerating the establishment of myology.

新中概論之撥針考證及臨床操作案例

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王自平博導

此次報告旨在交流中醫傳承創新的新內涵及探討今後醫學發展的方向，即中西醫及各民族醫學融合而重新構建新中醫診療體系。並介紹自 1938 年以來新中醫的發展歷程及基本診療思想、理念和模式。具體介紹中醫失傳近 2000 年的撥針的臨床操作要點。並對撥針治療各類慢病的機理及對特別案例加以簡單介紹。

Probe needle research and clinical operation cases of the new concept of traditional Chinese medicine

President of Nanjing New Institute of Traditional Chinese Medicine / Prof. Wang Ziping

Summary of the report "Introduction to New China : Needle Certification and Clinical Operation Cases"

This report aims to exchange the new connotation of traditional Chinese medicine inheritance and innovation and discuss the future development direction of medicine, that is, the integration of traditional Chinese and western medicine and ethnic medicine to rebuild the new traditional Chinese medicine diagnosis and treatment system. It also introduces the development process and basic diagnosis and treatment ideas, concepts and models of new traditional Chinese medicine since 1938. This paper specifically introduces the clinical operation points of the missing acupuncture of traditional Chinese medicine in the past 2000. The mechanism of acupuncture treatment of various chronic diseases and special cases are briefly introduced.

針刺風池與攢竹治療修格蘭氏症暨乾眼症

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背景

修格蘭氏症 (Sjögren's Syndrome, SJS) 和乾眼症 (Dry Eye Syndrome, DES) 是以眼部乾燥為特徵的臨床疾病，原因是淚液產生不足或淚液蒸發過多。本研究旨在評估針刺風池穴 (GB20) 和攢竹穴 (BL2) 對比健康對照組 (NHC) 治療 SJS 和 DES 患者的效果。

材料與方法

本 phase-2 臨床研究納入 120 名受試者 (50 名 SJS 患者、50 名 DES 患者和 20 名 NHC)。參與者被分為三組：GB 組 40 人接受 GB20 針灸治療，GBL 組 40 人同時接受 GB20 和 BL2 針灸治療，每週兩次，每次 15 分鐘，持續 8 週。Waiting-List 組 (WL) 包括 10 名 SJS 和 10 名 DES 患者，這些患者接受常規醫療治療而不進行任何針灸。NHC 包括 20 名健康參與者。研究使用 repeated measures ANOVA 和 Tukey's HSD 分析，評估 Schirmer's Test、眼表疾病指數 (OSDI)、歐洲乾燥症候群患者報告指數 (ESSPRI) 和人工淚液使用量的變化。

結果

共有 118 名受試者完成了試驗。在 Schirmer's Test 中，左眼 (OS) 在 8 週後觀察到顯著改善：SJS 組為 6.364 mm (95% CI: 4.90-7.83, $p < 0.001$)，DES 組為 7.06 mm (4.04-10.09, $p < 0.001$)，WL 組為 0.64 mm (0.30-0.98)。在右眼 (OD) 中，顯著改善分別為：SJS 組 7.41 mm (5.60-9.22, $p < 0.001$)，DES 組 8.15 mm (4.45-11.85, $p < 0.001$)，而 WL 組變化為 0.18 mm (-0.59-0.22)。次要結果顯示，人工淚液的使用量在 SJS 組減少了每天 5.5 次 (1.64-9.36, $p < 0.001$)，DES 組減少了每天 3.82 次 (0.37-7.28, $p < 0.001$)，而 WL 組變化為每天減少 0.18 次 (-0.65-0.29)。本針刺研究中未報告嚴重的不良事件。

結論

針刺 GB20 和 BL2 可顯著增加 SJS 和 DES 患者的淚液分泌及改善眼部乾燥。這些結果表明針刺可能對 SJS 和 DES 具有治療益處，未來可進一步研究其長期療效及其機制。

關鍵字：修格蘭氏症、乾眼症、風池穴、攢竹穴、淚液測試、人工淚液

Acupuncture GB20 and BL2 for Sjögren Syndrome and Dry Eye Syndrome

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Background

Sjögren's Syndrome (SJS) and Dry Eye Syndrome (DES) are clinical conditions marked by ocular dryness, arising from either deficient tear production or increased tear evaporation. This study aims to evaluate the effectiveness of Acupuncture at Fengchi (GB20) plus Zanzhu (BL2) points in treating SJS and DES patients compared to healthy controls (NHC).

Materials and Methods

This phase-2 clinical study included 120 participants (50 SJS, 50 DES, 20 NHC) over 8 weeks. Participants were divided into three groups : 40 GB Group received acupuncture at the GB20 point, 40 GBL Group received acupuncture at both GB20 and BL2 points, twice weekly for 15 minutes per session over 8 weeks. The 20 waiting list group (WL) consisted of 10 SJS and 10 DES who received conventional medical treatment without any acupuncture. The NHC included 20 healthy participants. The study assessed changes in Schirmer's Test, Ocular Surface Disease Index (OSDI), European Sjögren's Syndrome Patient Reported Index (ESSPRI), and artificial tear usage, using repeated measures ANOVA and Tukey's HSD for analysis.

Results

A total of 118 subjects completed the trial. For the left eye (OS) in the Schirmer's Test, significant improvements at 8 weeks were observed : 6.364 mm (95% CI : 4.90-7.83, $p<0.001$) in the SJS group, 7.06 mm (4.04-10.09, $p<0.001$) in the DES group, and 0.64 mm (0.30-0.98) in the WL group. For the right eye (OD), significant improvements were noted : 7.41 mm (5.60-9.22, $p<0.001$) in the SJS group and 8.15 mm (4.45-11.85, $p<0.001$) in the DES group, while the WL group showed a change of 0.18 mm (-0.59-0.22). Secondary outcomes indicated that artificial tear usage decreased by 5.5 times/day (1.64-9.36, $p<0.001$) in the SJS group, 3.82 times/day (0.37-7.28, $p<0.001$) in the DES group, with a change of 0.18 times/day (-0.65-0.29) in the WL group. No serious adverse events were reported in this study.

Conclusion

Acupuncture at GB20 plus BL2 was associated with a significant increase in tear production and a reduction in ocular dryness among patients with SJS and DES. These results suggest that acupuncture may offer therapeutic benefits for SJS and DES, warranting further investigation into the long-term efficacy and underlying mechanisms of this treatment.

Keywords : Sjögren's Syndrome 、 Dry Eye Syndrome 、 Fengchi (GB20) 、 Zanzhu (BL2), Schirmer's Test 、 Artificial tear

近視的針灸治療機轉初探

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近視對全球公共醫療系統和經濟產生巨大影響，因為它是視力障礙的主要原因。全球 5 歲以上，大約 1.53 億的人存在一定程度的視力障礙；其中，800 萬人因未矯正屈光不正 (refractive errors, REs) 而失明。而到 2050 年，預計全世界人口中約有 49.8% 患有近視，9.8% 患有高度近視。預計全球近視盛行率將增加，這突顯了早期介入和治療控制其進展的重要性。

在台灣，6 歲兒童近視盛行率為 9.4%，15 歲兒童近視盛行率上升至大於 75%。而 18 歲青少年的盛行率進一步增至 80%-90%，其中 10%-20% 為高度近視。高度近視是失明的主要原因，高度近視與視網膜剝離、黃斑脈絡膜變性、早發性白內障和青光眼有關。近視患者視網膜剝離的年發生率估計為 3.2%。高度近視也會增加黃斑部脈絡膜新生血管形成的風險，近視患者的發生率高達九倍。近視主要是由於眼睛玻璃體腔異常伸長所致。眼睛伸長與鞏膜重塑、結締組織合成減少導致鞏膜組織損失以及膠原蛋白 I 降解增加有關，導致鞏膜成分和延展性的變化。

關於近視與發炎之間的相關性的資訊很少，我們先前的研究發現，發炎與近視之間存在相關性。在慢性發炎可見 c-Fos、nuclear factor kappa B (NFκB)、IL-6 和 TNF-α 的數值上升，而在近視眼中亦有相同表現，而在 Atropine (可抑制副交感神經、有擴大瞳孔的作用，適用於治療及控制近視) 治療後可見發炎指數下降；cyclosporine A 的使用可減緩近視進展，lipopolysaccharide (LPS) 或 peptidoglycan 治療可增強近視進展。我們也發現，患有系統性紅斑狼瘡、葡萄膜炎、第 1 型糖尿病、異位性皮膚炎、過敏性鼻炎和過敏性結膜炎 (AC) 等發炎性疾病的患者與無發炎性疾病的患者相比，前者的近視發生率較高。

在我們先前的研究中，動物過敏性結膜炎 (Allergic conjunctivitis, AC) 的誘發模型觀察到更嚴重的屈光不正 (refractive errors, RE) 和更長的軸長。細胞激素 TNF-α 和 IL-6 會促進近視，這兩種細胞激素都是肥大細胞去顆粒作用 (degranulation) 時分泌的。TNF-α 和 IL-6 治療破壞了角膜上皮細胞形成的緊密連接的完整性，並促進發炎細胞因子穿過該細胞層，刺激視網膜色素上皮細胞分泌 TNF-α、IL-6 和 IL-8。過敏性結膜炎誘發模型的眼睛中 TNF-α、IL-6、IL-8、MCP-1 (monocyte chemoattractant protein -1) 和 NFκB 的表現增加，而 IL-10 和 kappa B 抑制劑 (inhibitor of kappa B, iκB) 的表現下降。這些結果證明，肥大細胞去顆粒化作用會增加眼表發炎，改變角膜的 tight junction，啟動角膜分泌 inflammatory cytokines，隨後引起視網膜發炎，進而促進近視的進展。

我們的研究顯示，視網膜多巴胺是正常眼睛生長的停止信號，並在近視的發展中發揮作用。在形式剝奪性近視 (form-deprivation myopia, FDM) 動物模型中，包括小雞、猴子、樹鼩和豚鼠，其視網膜中的多巴胺水準降低。多巴胺濃度降低理論支持了多巴胺透過 signaling cascade 作用來調節眼睛生長的假設。可以透過使用多巴胺或多巴胺促效劑 (agonist) 來抑制近視進展。多巴胺會抑制兔子的 FDM 眼睛生長，多巴胺促效劑也會抑制小雞的進展。一些報告顯示，多巴胺在正視眼 (emmetropization) 過程中眼睛的生長調節中發揮著重要作用。因此，多巴胺被認為是眼睛生長的停止訊號。

針灸在亞洲用於治療各種醫學疾病已有大約 2000 多年的歷史，並且在一些西方國家被認為是一種潛在的新醫學治療方法。針灸已被用於治療多種疾病，包括近視，並已被證明可以透

過活化 DOPA decarboxylase 來抑制炎症，從而增加多巴胺表現。多巴胺可以抑制 TNF- α 和 IL-6 的表現來抑制發炎。發炎細胞因子可以降低多巴胺的活性是透過減少多巴胺神經傳遞的合成、減少其 packaging or release 。

因此，我們的目的是以針刺在 LI4 (合谷穴) 和太陽穴來觀察，是否可透過增強多巴胺表現及抑制 nucleotide-binding oligomerization domain (NOD)- , leucine-rich repeat (LRR)- and pyrin domain-containing protein 3 (NLRP3) 的 inflammasome-induced 的眼部發炎。

A preliminary study on the mechanism of acupuncture treatment for myopia

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Myopia has a huge impact on public health systems and economies worldwide as it is the leading cause of visual impairment. Approximately 153 million people over the age of 5 worldwide have some degree of visual impairment ; of these, 8 million are blind due to uncorrected refractive error s (REs). By 2050, it is estimated that about 49.8% of the world's population will have myopia, and 9.8% will have high myopia. The global prevalence of myopia is expected to increase, underscoring the importance of early intervention and treatment to control its progression.

In Taiwan, the prevalence of myopia in 6-year-old children is 9.4%, and the prevalence of myopia in 15-year-old children has increased to more than 75%. The prevalence rate among 18-year-olds has further increased to 80%-90%, of which 10%-20% are highly myopic. High myopia is the main cause of blindness and is associated with retinal detachment, macular choroidal degeneration, early-onset cataracts and glaucoma. The annual incidence of retinal detachment in myopic patients is estimated to be 3.2%. High myopia also increases the risk of macular choroidal neovascularization, with the incidence being up to nine times higher in patients with myopia. Myopia is mainly caused by abnormal elongation of the vitreous cavity of the eye. Eye elongation is associated with scleral remodeling, reduced connective tissue synthesis leading to scleral tissue loss, and increased collagen I degradation, resulting in changes in scleral composition and extensibility.

There is little information on the correlation between myopia and inflammation, and our previous research found a correlation between inflammation and myopia. Increased values of c-Fos, nuclear factor kappa B (NF κ B) , IL-6 and TNF- α can be seen in chronic inflammation, and the same symptoms are seen in myopia. A decrease in inflammation index was seen after atropine treatment (inhibit parasympathetic nerves and dilate pupils, suitable for the treatment and control of myopia).The use of cyclosporine A can slow down the progression of myopia, and treatment with lipopolysaccharide (LPS) or peptidoglycan can enhance the progression of myopia. We also found that patients with inflammatory diseases such as systemic lupus erythematosus, uveitis, type 1 diabetes, atopic dermatitis, allergic rhinitis, and allergic conjunctivitis (AC) were significantly different from patients without inflammatory diseases. In comparison, the former has a higher incidence of myopia

In our previous study, more severe refractive errors (RE) and longer axial length were observed in an induced model of allergic conjunctivitis (AC) in animals. Myopia is promoted by the cytokines TNF- α and IL-6, both of which are secreted during degranulation of mast cells. TNF- α and IL-6 treatment disrupts the integrity of the tight junctions formed by corneal epithelial cells and promotes the passage of inflammatory cytokines through this cell layer, stimulating the secretion of TNF- α , IL-6, and IL-8 by retinal pigment epithelial cells. The

expression of TNF- α , IL-6, IL-8, MCP-1 (monocyte chemoattractant protein -1) and NF κ B was increased in the eyes of allergic conjunctivitis-induced model, while the expression of IL-10 and inhibitor of kappa B (κ B) decreased. These results prove that mast cell degranulation increases ocular surface inflammation, changes the tight junction of the cornea, initiates the secretion of inflammatory cytokines in the cornea, and subsequently causes retinal inflammation, thereby promoting the progression of myopia.

Our research shows that retinal dopamine acts as a stop signal for normal eye growth and plays a role in the development of myopia. In animal models of form-deprivation myopia (FDM), including chicks, monkeys, tree shrews, and guinea pigs, dopamine levels are reduced in the retina. The theory of reduced dopamine concentration supports the hypothesis that dopamine regulates eye growth through signaling cascades. The progression of myopia can be inhibited by using dopamine or dopamine agonists. Dopamine inhibits FDM eye growth in rabbits, and dopamine agonists also inhibit progression in chicks. Some reports suggest that dopamine plays an important role in the regulation of eye growth during emmetropization. Therefore, dopamine is thought to be a stop signal for eye growth.

Acupuncture has been used in Asia to treat various medical conditions for approximately 2,000 years, and is considered a potential new medical treatment in some Western countries. Acupuncture has been used to treat a variety of conditions, including myopia, and has been shown to suppress inflammation by activating DOPA decarboxylase, thereby increasing dopamine expression. Dopamine can inhibit the expression of TNF- α and IL-6 to suppress inflammation. Inflammatory cytokines can reduce dopamine activity by reducing the synthesis of dopamine neurotransmission and reducing its packaging or release.

Therefore, our purpose was to observe whether acupuncture at LI4 (Hegu point) and temple can enhance dopamine expression and inhibit inflammasome-induced (nucleotide-binding oligomerization domain (NOD)-, leucine-rich repeat (LRR)- and pyrin domain-containing protein 3 (NLRP3)) eye inflammation.

Keywords : myopia 、inflammation 、acupuncture 、dopamine 、cAMP 、NLRP3 、IL-1 β

從腸道發炎小鼠看針刺對睡眠剝奪的影響

長庚大學中醫學系／劉耕豪

睡眠障礙和腸道健康被視為影響老化的兩個關鍵因素，本次探討睡眠碎片化如何影響腸道的炎症狀態，並闡明恢復性睡眠和針灸對炎症腸道重塑和腸道微生物恢復的影響。透過小鼠實驗發現，碎片化睡眠干擾了結腸炎小鼠的腸道修復，而電針療法在緩解結腸炎症方面表現出一定程度的效果，包括維持小鼠結腸長度和其日常體重變化。此外，隨著腸道炎症狀態的減少，微生物群的結構也發生了變化。腸道緊密連接蛋白可能是電針治療睡眠碎片化之潰瘍性結腸炎小鼠的關鍵機制。電針通過血管活性腸勝肽第2型受體 (VPAC2) 影響血管活性腸勝肽 (VIP)，進而調節腸黏膜免疫。透過這個實驗展示了電針等單純的物理刺激如何穩定腸道上皮，並發揮重要的抗炎作用。

The Effect of Acupuncture on Sleep Fragmentation in Mice with DSS colitis

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Geng-Hao Liu

Sleep disorders and gut health are regarded as two key factors influencing aging. This study investigates how sleep fragmentation affects gut inflammation and elucidates the effects of restorative sleep and acupuncture on the remodeling of inflammatory gut tissues and the recovery of gut microbiota. Through mouse experiments, it was found that sleep fragmentation disrupts gut repair in mice with colitis, while electroacupuncture exhibits a certain degree of effectiveness in alleviating colitis, including maintaining colon length and daily weight changes in the mice. Additionally, as gut inflammation decreases, the structure of the microbiota also changes. Tight junction proteins in the gut may be a key mechanism by which electroacupuncture treats ulcerative colitis in sleep-fragmented mice. Electroacupuncture influences vasoactive intestinal peptide (VIP) through the vasoactive intestinal peptide receptor type 2 (VPAC2), thereby modulating gut mucosal immunity. This experiment demonstrates how simple physical stimuli, such as electroacupuncture, can stabilize the intestinal epithelium and play an important anti-inflammatory role.

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中醫內科論壇

**Traditional Chinese Medicine Internal Medicine
Forum**

典籍傳承科技創新

Conference theme : Classics inheritance,
technological innovation

精準 AI 醫療 - 癌症、罕病、難症的最後希望，沒藥找藥醫

花蓮慈濟醫學中心／林欣榮，何宗融，黃志揚，張建國，韓鴻志

花蓮慈濟醫學中心通過精準醫療技術，結合中西醫合療的方式，為癌症、罕見病及難治性疾病患者帶來新的希望，尤其是在傳統療法無效的情況下。花蓮慈濟醫院的中西醫合療特色在於結合中醫的多標靶治療理念與西醫的精準醫療技術，達到「廣泛、快速、成效顯著」的效果。精準醫療的核心在於通過 DNA 和 RNA 檢測，識別患者特定的基因突變，並制定個性化的治療方案。這種方法不僅限於西藥，還包括利用中草藥進行抗癌治療。通過基因檢測，醫療團隊能夠找到與基因突變相關的中草藥，以恢復受損基因的功能，尤其對因基因缺陷引發的罕見疾病成效顯著。在抗癌治療中，醫院採用“合成致死”策略，靶向癌細胞中的特定基因突變，配合中藥如當歸提取的小分子 z-BP，成功縮小腦腫瘤；本草系列針對各種老化疾病，包括各類抗藥性癌症，更展現中草藥在精準治療及抗癌中的潛力。此外，花蓮慈濟醫院的中西醫合療通過調節身體陰陽平衡，增強免疫功能，與現代西醫的精準醫療結合，能夠更有效地抑制腫瘤生長，提升患者對化療和免疫療法的治癒率。總結而言，花蓮慈濟醫學中心通過精準 AI 醫療技術，結合中西醫合療的創新方法，例如針灸、經皮神經電刺激器等，為癌症、罕見病及難治性疾病患者提供新的治療希望，特別是在傳統療法無效的情況下更顯其價值。醫院結合中醫的多標靶治療理念與西醫的精準醫療技術，達到「廣泛、快速、成效顯著」的效果，有效提升了治療的成功率。這體現醫療團隊在面對困難時的不斷創新和探索精神，也為那些曾被認為沒有希望的患者帶來新的生命曙光。

Precision AI Medical Treatment - The last hope for cancer, rare diseases, and difficult conditions when no medication or treatment is available.

Shinn-Zong Lin ' Tsung-Jung Ho ' Chih-Yang Huang ' Jan-Gowth Chang ' Horng-Jyh Harn
Hualien Tzu Chi Medical Center

Hualien Tzu Chi Medical Center brings new hope to patients with cancer, rare diseases, and difficult-to-treat conditions through precision medical technology combined with integrated Chinese and Western medicine, especially in cases where traditional therapies have failed. The center's integrated approach features the combination of the multi-target treatment philosophy of Chinese medicine with the precision medical techniques of Western medicine, achieving results that are extensive, rapid, and effective. The core of precision medicine lies in identifying specific gene mutations in patients through DNA and RNA testing and formulating personalized treatment plans. This approach is not limited to Western medicine ; it also includes the use of Chinese herbal medicine for cancer treatment. By utilizing genetic testing, the medical team can identify Chinese herbs related to the gene mutations, which can restore the function of damaged genes, particularly for rare diseases caused by genetic defects. In cancer treatment, the hospital employs a "synthetic lethality" strategy, targeting specific gene mutations in cancer cells and combining it with Chinese medicine, such as the small molecule z-BP extracted from *Angelica sinensis*, to successfully reduce brain tumors. The Jing Si herbal series is tailored for various aging-related diseases, including drug-resistant cancers, demonstrating the potential of Chinese herbs in precision oncology. Additionally, the integrated treatment at Hualien Tzu Chi Hospital involves balancing the body's yin and yang, enhancing immune function, and combining this with modern Western precision medicine to more effectively suppress tumor growth and improve the success rates of chemotherapy and immunotherapy. In summary, Hualien Tzu Chi Medical Center offers new therapeutic hope for patients with cancer, rare diseases, and difficult-to-treat conditions through the innovative combination of precision AI medical technology and integrated Chinese and Western medicine. This approach is particularly valuable when traditional therapies fail. By combining the multi-target treatment philosophy of Chinese medicine with the precision techniques of Western medicine, the hospital achieves extensive, rapid, and effective outcomes, significantly improving treatment success rates. This approach reflects the medical team's continuous innovation and exploration spirit when facing challenges, bringing new hope to patients who were once considered beyond help.

傷寒論的用方思路

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辨證論治是《傷寒論》提出的診療原則，其中的證候名稱，既有專用名詞，又有病機術語，這種用方思路一直沿用到今天。但《傷寒論》還提出了針對主要症狀用方、根據病機用方，症狀和病機相結合用方，病機複雜要用合方等等靈活的用方思路，還強調對於相類似的證候，一定要詳細鑒別，才能精準用方。這都值得我們學習和借鑒。

The Prescription Principles in the Treatise on Cold Damage (Shang Han Lun)

Beijing University of Chinese Medicine / Wanshan Hao

Treatment based on pattern identification, as proposed in the Treatise on Cold Damage (Shang Han Lun), is a fundamental diagnostic and therapeutic principle. The names of syndromes described in this text encompass both specific terms and pathogenesis-related terminology, and this approach to prescription has persisted throughout history.

However, the Treatise on Cold Damage (Shang Han Lun) also advocates for a flexible approach to prescription, emphasizing the need to tailor treatments to the primary symptoms, align prescriptions with the underlying pathogenesis, and consider a combination of symptoms and pathogenesis when formulating treatments. For complex cases, where multiple pathogenic factors are involved, the use of combined prescriptions is recommended. The text underscores the importance of detailed differentiation between similar syndromes to ensure accurate treatment. These principles remain highly valuable for contemporary study and practice throughout history.

探索中醫藥在心血管疾病预防研究的應用

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心血管疾病與多種代謝性疾病密切相關，近年來發病率顯著上升，且致死率極高。流行病學研究顯示，心血管疾病的發病與高血壓、高血脂、糖尿病、抽菸、肥胖、精神壓力、缺乏運動以及遺傳因素等密切相關。西藥雖然效果顯著，但常伴隨副作用，如他汀類藥物引起的肌肉疼痛和肝功能異常，ACE 抑制劑導致的咳嗽和腎功能減退， β 受體阻斷劑引起的疲勞和四肢冰冷等。相比之下，中藥治療具有副作用相對較少、藥效溫和且能調理全身系統的優勢。

隨著中醫藥在現代醫學中的應用不斷拓展，許多研究表明其在心血管疾病的防治中具有顯著潛力。丹參是一種廣泛應用的中藥，具有活血化瘀、保護心肌的作用，在抗心肌缺血、抗心律不整和抗動脈粥狀硬化方面效果顯著。三七因其活血祛瘀、消腫止痛的藥效，被證實能促進血液循環，降低心臟病發作風險。栝蒌薤白半夏湯主要用於治療胸痺症狀，研究表明其可擴張冠狀動脈，改善心肌供血狀況。血府逐瘀湯則主要用於治療血瘀引起的胸痛和頭痛，具有抗血栓、抗炎和改善血液循環的作用。

中醫藥在心血管疾病预防中的應用展現出顯著的療效，值得臨床醫學進一步研究和探索。未來研究應為心血管疾病的綜合防治提供更加科學和全面的依據，進一步推動中醫藥在心血管疾病治療中的應用和發展。

Exploring the Application of Traditional Chinese Medicine in Cardiovascular Disease Prevention and Treatment Research

President of ISOM

I-Shou University, School of Chinese Medicine for Post Baccalaureate / Wang-Chuan Chen, Chair Professor

Cardiovascular diseases (CVDs) are closely associated with various metabolic disorders, with incidence rates significantly increasing in recent years and high mortality rates. Epidemiological studies have shown that the development of CVDs is strongly correlated with hypertension, hyperlipidemia, diabetes, smoking, obesity, mental stress, lack of exercise, and genetic factors. While conventional Western medications are effective, they often come with a range of side effects. For instance, statins can cause muscle pain and liver dysfunction, ACE inhibitors may lead to cough and renal impairment, and beta-blockers can result in fatigue and cold extremities. In contrast, traditional Chinese medicine (TCM) offers treatment options with relatively fewer side effects, milder therapeutic effects, and the ability to regulate the entire body's systems.

As the application of TCM in modern medicine continues to expand, numerous studies have demonstrated its significant potential in the prevention and treatment of CVDs. Danshen (*Salvia miltiorrhiza*) is widely used in TCM for its properties of promoting blood circulation and removing blood stasis, and it has been shown to protect myocardial tissue, exhibit anti-myocardial ischemia, anti-arrhythmia, and anti-atherosclerosis effects. Sanqi (*Panax notoginseng*) is known for its effects of promoting blood circulation, reducing swelling, and alleviating pain, and has been proven to enhance blood flow and reduce the risk of heart attacks. Gualou-Xiebai-Banxia Decoction, a formula used to treat chest obstruction, has been indicated in studies to dilate coronary arteries and improve myocardial blood supply. Xuefu-Zhuyu Decoction, primarily used for treating chest pain and headache caused by blood stasis, contains ingredients such as peach kernel and safflower, and possesses anti-thrombotic, anti-inflammatory, and blood circulation-improving properties.

In conclusion, the application of TCM in the prevention and treatment of CVDs demonstrates significant efficacy and merits further clinical research and exploration. Future studies should aim to provide a more scientific and comprehensive basis for the integrated management of CVDs, thereby advancing the use and development of TCM in the treatment of cardiovascular diseases.

中西醫結合治療思維 - 胃淋巴瘤的研究與醫案分享

台中慈濟醫院／王人澍、姚朝元

據 WHO 淋巴瘤分類系統，具 MALT (mucosa-associated lymphoid tissue lymphoma) 組織的瀰漫性大 B 細胞淋巴瘤 (diffuse large B cell lymphoma, DLBCL (MALT))，與幽門螺旋桿菌 (H.pylori) 有密切關係。因此，根除治療幽門螺旋桿菌是有助於避免 DLBCL 的復發；就中醫而言，本病案的病機主軸為胃濕熱實證，因幽門螺旋桿菌 (屬熱毒) 的侵入，而長期反覆的胃發炎、黏膜充血、血熱壅滯，甚至在化放療後因濕熱下注的腸道發炎，故有腹痛、腹瀉、胃悶脹痛的症狀。然而，對應於西醫的淋巴瘤分類系統，在治療過程中考慮幽門桿菌 (熱毒) 的因素，及腫瘤的病理變化，處方以散腫潰堅湯，可消堅散腫，符合中醫的微觀辨證。同時，因研究結果指出“陰虛證候與癌症預後有正相關”，故搭配中醫辨證系統，改善胃陰虛證候、期望提高預後機率。況且，在治療過程中發現，長期使用清熱解毒藥物，反而有助於偏低的白血球數目回復正常。因此，藉此病案分享討論，期望以中西醫整合思維提升治療癌症的療效。

關鍵字：胃淋巴瘤、瀰漫性大 B 細胞淋巴瘤 (DLBCL)、中西醫整合思維、黃芩湯

Integrated Traditional Chinese and Western Medicine Treatment Thinking-Research and Medical Case Sharing on Gastric Lymphoma

Taichung Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation / Wang Jen-Shu, Yao Chao-Yuan

According to classification system of World Health Organization, it is a close relationship between mucosa-associated lymphoid tissue of diffuse large B cell lymphoma and *Helicobacter pylori*. Thus, eradication therapy of *Helicobacter pylori* contributes to prevent from relapse of diffuse large B cell lymphoma. For traditional medicine, the main pathogenesis of this medical case is damp heat and empirical symptom of stomach. By the invasion of *Helicobacter pylori*, a heat toxin, that resulted damp heat of stomach to become the long term repeatedly gastric inflammation and mucosal hyperemia, blood stasis. Even that, the hot and humid of stomach flows down to the intestinal tract, and resulting the tract in inflammation. Therefore, there are abdominal pain, diarrhea, stomach ache and bloating symptoms. However, corresponding to classification system of medicine, we consider that the reason of *Helicobacter pylori*, a heat toxin, is and that pathological changes of tumors is at the process of treatment. That is why we prescribe the SAN ZHONG KWZI JIEN TANG for eliminating the mass and relieving swelling because it is in line with microscopical syndrome differentiation of traditional Chinese medicine. At the same time, according to the previous study, Yin-deficiency syndrome is positive correlation to prognosis of cancer. Therefore, we prescribe drugs by using syndrome differentiation to improve Yin-deficiency syndrome of stomach, and to enhance prognostic probability. Besides, we find that taking medicine of clearing heat toxin for long term contributes to make the numbers of leukocyte return to normal. In short, sharing this medical case offers us to discuss how to enhance curing effect of cancer by using integrated thinking of traditional medicine and western medicine.

Keywords : gastric lymphatic carcinoma 、diffuse large B cell lymphoma 、integrated

傅延齡對《傷寒論》中水證的分析與辯論

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《傷寒論》是中國古代醫學經典著作之一，其中涉及了水腫的病症和治療方法。水腫症在《傷寒論》中被稱為“水證”，是一種由於人體內水液代謝失調引起的病證。傅延齡在他的醫學著作中對《傷寒論》中的水證進行了深入的分析和辯論，特別強調了病機的辨識和治療原則。

傅延齡認為，《傷寒論》中的水證主要分為陽水和陰水兩大類。陽水通常是因為表邪未解，水液停滯在表層，表現為四肢浮腫，面目浮腫，按之凹陷不明顯，多伴有惡寒發熱、身痛等症狀。陰水則多由內臟功能失調引起，如脾腎陽虛，水液無法正常運行，滲出體表，導致下肢浮腫，腹大如鼓，按之凹陷不易恢復。這種情況多見於慢性水腫，病程長，體力下降，四肢冰冷等症狀。

傅延齡強調，《傷寒論》中的治療原則應該根據患者的具體症狀和病因進行辨證施治。對於陽水，治療應以解表散邪為主，可使用麻黃湯、越婢加朮湯等經方，這些方劑可以促進汗出，排除體內的邪氣和水液。對於陰水，則應注重溫陽利水，補益脾腎，常用方劑如真武湯、五苓散等，這些方劑能夠溫暖脾腎，幫助水液的正常代謝和排出。

總體而言，傅延齡在對《傷寒論》水證的辯論中強調了精準辨證、靈活運用方藥，並認為只有深入理解《傷寒論》中的病機理論和治療思路，才能有效治療水腫病症。這種理論不僅適用於古代醫學，也對現代臨床治療水腫病症具有重要的指導意義。

Analysis and Discussion on Water Disease (Edema) in the 'Treatise on Cold Damage' by Yanling Fu

Dean of Beijing Jinfang College / Professor Fu Yanling

The "Treatise on Cold Damage" (Shang Han Lun) is one of the classic texts in ancient Chinese medicine, addressing various conditions and their treatments, including edema, referred to as "water disease" (shui zheng) in the text. Yanling Fu, in his medical writings, provided a comprehensive analysis and discussion on the "water disease" described in the "Treatise on Cold Damage," emphasizing the identification of pathogenesis and principles of treatment.

Yanling Fu categorizes "water disease" in the "Treatise on Cold Damage" into two main types : Yang Water and Yin Water. Yang Water is usually caused by unresolved external pathogens leading to water retention on the surface of the body, manifested by swelling of the limbs and face, which is not easily indented upon pressure. It is often accompanied by symptoms such as chills, fever, and body aches. Yin Water, on the other hand, is often due to dysfunction of internal organs, such as spleen and kidney yang deficiency, resulting in improper water metabolism and subsequent seepage to the surface, leading to swelling, particularly in the lower limbs and abdomen. This condition is commonly seen in chronic edema with a long disease course, physical weakness, and cold extremities.

Yanling Fu emphasized that the treatment principles outlined in the "Treatise on Cold Damage" should be applied based on the patient's specific symptoms and the underlying causes, using differential diagnosis and treatment. For Yang Water, the treatment should focus on expelling external pathogens and promoting perspiration to eliminate the retained water and pathogens from the body. Classical formulas such as Ma Huang Tang and Yue Bi Jia Zhu Tang are commonly used for this purpose. For Yin Water, the treatment should aim to warm yang and promote diuresis, enhancing spleen and kidney function to facilitate proper water metabolism and excretion. Common formulas like Zhen Wu Tang and Wu Ling San are used to warm the spleen and kidney and assist in normal water metabolism and discharge.

Overall, Yanling Fu, in his discussion of "water disease" in the "Treatise on Cold Damage," emphasized precise differential diagnosis and the flexible use of classical formulas. He believed that a deep understanding of the pathogenesis and treatment strategies outlined in the "Treatise on Cold Damage" is essential for effectively treating edema. This theoretical approach is not only applicable to ancient medicine but also provides significant guidance for modern clinical treatment of edema.

臺灣中醫內科實證醫學之發展過程與期許

慈濟大學／林宜信教授

近年來，臺灣的中醫界在臨床研究、標準化診療以及重視醫學證據等方面均取得了可喜的成果。臺灣中醫內科醫學在實證領域的進展十分顯著，從重視傳統經驗醫學也出現以科學研究為基礎的實證醫學成果。本研究將探討臺灣中醫內科實證醫學的歷程及發展，包括：政策支持、科研投入及教育推廣的綜合影響等。此外，此次大會中將就分析全球化趨勢與科學技術迅猛發展的背景下，臺灣中醫內科實證醫學所可能面臨的挑戰與機遇。未來展望，我們會分享如何通過持續創新與國際合作，推動臺灣中醫內科進一步提升其科學性與國際影響力，造福更廣泛的患者群體。

The Development and Expectations of Evidence-Based Medicine in Taiwanese Traditional Chinese Internal Medicine

Buddhist Tzu Chi Hospital & Tzu Chi University / Prof. I-Hsin LIN

In recent years, significant progress has been made in the field of evidence-based medicine (EBM) in Taiwanese Traditional Chinese Internal Medicine (TCIM). The field of TCIM has gradually shifted from traditional experience-based medicine to scientific research. The Taiwanese TCIM community has achieved great successes in clinical research, standardized treatments, and accumulation of evidence.

Our team will explore the development of evidence-based medicine in Taiwanese TCIM, including the combined influence of policy support, research investment, and educational promotion. Additionally, we will look toward the future, to analyze the challenges and opportunities that evidence-based medicine in Taiwanese TCIM, and face in the context of globalization and rapid technological advancements.

Our team believed that through continuous innovation and international collaboration, Taiwanese TCIM is poised to enhance its international impact, benefiting a broader patient population.

乳癌分子分型與中醫治療

天津醫科大學博導／吳雄志教授

根据世卫组织国际癌症研究机构发布的数据显示，2020 年，乳腺癌首次超过肺癌，成为全球第一大癌症。西医随着分子分型诊疗模式的建立及治疗药物的更新迭代，乳腺癌诊疗水平逐年提高，5 年生存率已高达 90%。吴雄志教授是中西医汇通之大家，在中医治疗乳腺癌方面，结合了西医的病理、分子分型及性激素的检测辨病治疗，以及六经分治乳腺癌，创造性的提出中医内分泌治疗、中医免疫治疗等新理念，在中医治疗乳腺癌方面有着独到的见解和经验。

Breast cancer molecular typing and traditional Chinese medicine treatment

Vice President of Tianjin Nankai Hospital / Professor Wu Xiongzhi

According to data released by the International Agency for Research on Cancer of the World Health Organization, in 2020, breast cancer for the first time surpassed lung cancer to become the most prevalent cancer globally. With the establishment of molecular subtyping diagnostic models and the continual updates of treatment medications, Western medicine has improved the diagnosis and treatment of breast cancer year by year, with a 5-year survival rate reaching 90%. Professor Wu Xiongzhi, a prominent figure in integrating Western and Chinese medicine, combines Western medicine's pathological and molecular subtyping diagnostics and hormone testing with traditional Chinese methods, such as the Six Meridians differentiation for breast cancer. He has innovatively proposed new concepts like endocrine therapy and immunotherapy in traditional Chinese medicine, offering unique insights and experience in the treatment of breast cancer

全球視野下中醫藥現狀與前瞻

國立陽明交通大學 中醫學系／黃怡超

此報告就：(1) 世界衛生組織 (WHO) 制定的國際疾病分類 (International Classification of Diseases, ICD) 第十一次修訂本將傳統醫學納入 ICD-11 中之第二十六補充章節，於 2019 年 5 月通過，2022 年 1 月起正式生效；(2) 臺灣中醫藥發展法業於民國 2019 年 12 月 6 日立法院三讀通過，同年 12 月 31 日總統公布實施，該法已確立國家中醫藥發展之基本原則，建立臺灣中醫藥發展新的里程碑；(3) 2020-2023 年嚴重特殊傳染性肺炎 (COVID 19) 衝擊下，臺灣衛生福利部國家中醫藥研究所研發治療中藥「臺灣清冠一號」，衛生福利部於 2020 年 9 月至 2023 年 1 月核發「臺灣清冠一號濃縮顆粒」14 張外銷專用中藥藥品許可證於 GMP 中藥廠，將研發成果拓展至歐洲及新南向國家。亦因應國內疫情之需要，於 2021 年 5 月起核准 13 件國內專案製造該藥品，藥品類別為「須由醫師處方使用」，有效期限至 2023 年 6 月 30 日止。又於 2021 年 12 月訂頒「公費 COVID-19 治療用 臺灣清冠一號申請補助方案」為提供 COVID-19 確診個案適當之中西醫整合醫療照護，公費補助「臺灣清冠一號」。經統計至 2023 年 5 月止，計有 1,515 家醫療機構提供約 180 萬人使用公費藥品，申報金額約新台幣 28 億元；以評估此契機與正向發展趨勢，並前瞻未來。

關鍵字：世界衛生組織、中醫藥法展法、嚴重特殊傳染性肺炎、臺灣清冠一號

Current Status And Prospect of Chinese Medicine In Global Context

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In this presentation, I will assess three recent developments of Chinese Medicine in Taiwan and world wide and provide some perspective on the future. (1) In May 2019, World Health Organization (WHO) issued the eleventh edition of International Classification of Diseases (ICD-11), with a supplementary chapter of traditional medicine, taking effects in January 2022. (2) In December 2019, the Legislative Yuan (Parliament) passed the Chinese Medicine and Pharmacy Development Act in Taiwan, and days later the President of Taiwan announced it as an edict. This is a policy landmark for Chinese Medicine, with mandate to support and strengthen Chinese medicine in Taiwan, mainly through the Ministry of Health and Welfare. (3) During the COVID-19 pandemic (2020-2023), Prof. Yi-Chang Su Director of National Research Institute of Chinese Medicine (NRICM), Ministry of Health and Welfare devised NRICM-101 (臺灣清冠一號) as a herbal formulation for symptom relief in infected patients. Between September 2020 and January 2023, the Ministry of Health and Welfare issued 14 export licenses of concentrated powder formula of NRICM-101 after expert review with significant export output. The 14 export licenses of NRICM-101 concentrated powder have reached more than 60 nations worldwide. The expert review of the first emergency use authorization (EUA) of NRICM-101 concentrated powder was convened in April 2021, and with issuance of first EUA license as a prescription drug in May 2021, later a total of 14 EUA licenses of NRICM-101 have been granted in Taiwan. After a prospective controlled trial in the latter half of 2022, the first license of NRICM-101 was issued after expert review to Sun Ten Pharmaceutical Co. (順天堂藥廠) in May 2023. It is estimated that until June 2023, among a total of 10 to 11 million Taiwanese have been infected by the virus SARS-CoV-2, around 18% (1.8 million) have been prescribed with the NRICM-101 concentrated powder paid by the Government. It is a unique and good example of Chinese medicine development for the symptom relief and health care during the COVID-19 pandemic.

Keywords : WHO 、 Chinese Medicine and Pharmacy Act 、 COVID-19 、 NRICM-101

丹參功能性蛋白質體學研究

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中藥丹參長期在中國和其他亞洲國家被使用於治療各種心血管疾病和癌症。過去西方醫學不接受中醫藥，是因為中醫藥一直是古典論述，與現代藥理學不相容。現代科學技術且與現代藥理學相容的蛋白質體學，被定義為對蛋白質進行系統性的、大規模的分析，並研究蛋白質的相互作用、功能、組成和結構及其細胞活性。丹參的功能蛋白質體學研究可以證明一些藥理機制，我們先前的研究報告了丹參在心血管疾病或癌症中的作用機制可能涉及多個途徑：

1. 丹參可透過 PKC/p44/42 MAPK 依賴性途徑清除 ROS 自由基，並隨後調節蛋白質羰基化來發揮保護作用，從而抑制血管平滑肌細胞增殖。
2. 丹參酮 IIA 可透過干擾微管組裝過程並調節 p53 活化來抑制子宮頸癌細胞 (HeLa 細胞) 的生長，誘使 G(2)/M 期阻滯並隨後發生細胞凋亡。
3. 丹參酮 IIA 可透過調控 ER 壓力和 JNK-Bax-caspase-3/9 訊號途徑，介導子宮頸癌中的 CaSki 凋亡。
4. 丹參可以透過增強抗氧化系統以及抑制 ERK/p53 和組織蛋白酶 cathepsin B/AIF 介導的細胞凋亡串聯來保護心臟細胞免受阿黴素誘導的心肌病變。

關鍵字：中醫藥、丹參、蛋白質體學、自由基、細胞凋亡

Functional proteomic study of *Salvia miltiorrhiza*

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Salvia miltiorrhiza, commonly known as Danshen, has been used in China and other Asian countries for many years as a traditional Chinese medicine to treat various cardiovascular diseases and cancers. Western medicine did not accept traditional Chinese medicine in the past was because TCM has always been a classical prescription and is incompatible with modern pharmacology. Proteomics, compatible with modern pharmacology, is defined as the systematic, large scale analysis of proteins and the study of the interactions, function, composition, and structures of proteins and their cellular activities. Functional proteomic study of *Salvia miltiorrhiza* could demonstrate some pharmacological mechanisms. Our previous studies have reported the mechanisms of *Salvia miltiorrhiza* in cardiovascular diseases or cancer could involve multiple pathways :

1. Danshen could exert its protective effect via the PKC/p44/42 MAPK-dependent pathway through the scavenging of ROS and subsequent modulation of protein carbonylation to inhibit vascular smooth muscle cell proliferation.
2. Tanshinone IIA could inhibit the growth of cervical cancer cells(HeLa cell) through interfering in the process of microtubule assembly and regulate p53 activation, leading to G(2)/M phase arrest and sequent apoptosis.
3. Tanshinone IIA could mediate CaSki apoptosis in cervical cancer through ER stress and JNK-Bax-caspase-3/9 signaling pathways.
4. Danshen could protect the heart cells against adriamycin-Induced cardiomyopathy via enhancement of antioxidant system as well as inhibition of ERK/p53- and cathepsin B/AIF-mediated apoptotic cascades.

Keywords : TCM 、 *Salvia miltiorrhiza* 、 Proteomics 、 ROS 、 Apoptosis

以病人爲中心的結構性中醫臨床診治思路系統

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辨證論治是中醫診治疾病的核心，然而不同學派、不同背景和不同觀點的醫師，在臨床診斷上往往意見分歧，容易因爲自我主觀意識太強，造成很難彼此溝通討論。甚至有些醫師的論點，會和患者的臨床實際的狀況有出入而不自知。過去中醫臨床教育在辨證論治的概念，是從一堆病患所出現的症狀和徵象做分類，而原則是以醫師的主觀意識爲主，往往會忽略了主訴、病史、症狀發生時間先後的客觀實際狀況，也容易造成以體質證型來取代疾病爲主的證型，其合理性是被質疑的。

爲了讓診斷能夠更客觀，符合病患臨床上病情的事實，並且可以有共同討論的空間，建構以病人爲中心的實證中醫辨證系統，是目前中醫臨床教育改善必須進行的任務。本以病人爲中心的結構性中醫辨證論治系統，講求以病患的病史和先後發生的症狀時序爲依據，再轉換爲中醫觀點的邏輯性強的結構式運作流程。這個工具的運用方向，主要包括：由中醫人文認識中醫、強化中醫理論基礎，思索辨證論治的蘊底內涵、以病人爲中心 / 以事實來論述和依歸、實證醫學 (EBM)/ 以問題爲基礎的學習 (PBL)、其他領域的觀點進行中醫學的創新、排除法思維和鑑別診斷的原則來進行多方向 / 多層面的思辨等。

Patient-centered structured clinical diagnosis approach system of Chinese Medicine

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“To treat by syndrome pattern” is the main principle of TCM. However, Different background TCM doctors have so different ideas for the clinical diagnosis, and because insisting self-own opinion among TCM doctors, it make difficult to discussion each other. Even more, some TCM participate didn't aware that his statement was deviated from the clinical fact of the patient. In the past, many TCM clinical teachers performed to treat by syndrome pattern by setting signs and symptoms instant of chief complaints, present history and signs/symptoms in chronological order of the patient. Therefore, the final TCM Diagnosis was for physique body instant of disease, and the rationality was doubted.

To let TCM Diagnosis more objective and matching with clinical evidence, to set up patient-centered evidence based TCM diagnosis system is very important issue in TCM clinical education reformation. In this patient-centered structured TCM clinical diagnosis approach system, it focused on present history and signs/symptoms in chronological order of the patient, and then transfer to TCM concept compared to clinical evidence. In order to preforming this system well, we must recognize TCM humanities, strengthen TCM base theory, think about the core spirit of “to treat by syndrome pattern”, discuss by the clinical evidence of the patient, follow up the principle of evidence-based medicine and problem-based learning, include knowledge of other fields, and discuss by the principle of rule-out method and differential diagnosis.

台灣中醫舌診現代化的研發與臨床應用

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中醫診斷包括望聞問切四種蒐集訊息的診斷方法(四診)，中醫四診皆屬於感官檢定的方法，常偏較為主觀，較缺乏客觀標準，且需要不斷的練習才能熟練，所以中醫診斷現代化需要建立可測量、可重覆、較為客觀、且易於學習的模式。望診居四診之首，而舌診又是望診中非常重要的部分，每個人都能輕易地看見，爭議相對較小，借助現代科技的發展，也相對較為容易，所以與資訊科技專家共同研發展出一套自動舌診診斷系統(ATDS)。透過影像的拍攝，再經由色彩的校正，進行舌象的擷取，隨後進行舌面與舌背的多項特徵，如舌色、舌質，苔色、苔質、舌下絡脈等，進行電腦自動分析，將結果客觀綜合的呈現，提供醫師臨床診斷的依據。這套自動舌診診斷系統的臨床應用相當廣泛，如一般平人的舌象特徵；常見疾病如乳癌、類風濕性關節炎、中風、糖尿病等疾病的中醫診斷與治療的臨床評估；中醫健康檢查的研發；中西醫結合的研究與探討；大數據的分析；人工智慧與遠距醫療的發展，都是這套系統可以呈現的特色。中醫診斷講求四診合參的綜合判斷，除了舌診現代化研發之外，其他診法的現代化發展也是非常重要的。

關鍵字：中醫、舌診、自動舌診診斷系統、臨床應用

Development and Clinical Application of Modernized Tongue Diagnosis in Taiwanese Chinese Medicine

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Diagnosis in Traditional Chinese medicine(TCM) consists of four diagnostic methods that collect information : Inspection, Smelling & Listening, Inquiry and Palpation. All four diagnostic methods in TCM are sensory examination methods, which are often more subjective and lack objective standards, and require constant practice in order to be familiarized with. Therefore, it is necessary to establish a measurable, repeatable, objective, and easy-to-learn model for modernizing the diagnostic methods in TCM. Inspection is the first of the four diagnostic methods, and tongue diagnosis is a very important part of Inspection, which can be easily seen by everyone and is relatively less controversial, and with the development of modern technology, it is also relatively easy. Therefore, we have worked with IT experts to jointly develop and present a set of Automatic Tongue Diagnosis System (ATDS). Through the image taking, and then by the color correction, the tongue image is captured, and then the tongue surface and the back of the tongue, such as tongue color, tongue texture, fur color, fur texture, sublingual veins, etc., are automatically analyzed by the computer, and the results are objectively and comprehensively presented to provide doctors with the basis for clinical diagnosis. The clinical applications of this ATDS are quite extensive, such as the tongue characteristics of ordinary people ; clinical evaluation of common diseases such as breast cancer, rheumatoid arthritis, stroke, diabetes, etc. ; research and development of TCM health examination ; research and study on the integration of Chinese and Western medicine ; analysis of big data ; and development of artificial intelligence and telemedicine, which are all the features of this system. The diagnosis of Chinese medicine emphasizes on the integrative and comprehensive judgment of the four diagnostic methods, in addition to the research and development of the modernization of tongue diagnosis, the modernization of other diagnostic methods is also very important.

Keywords : Traditional Chinese medicine (TCM) 、tongue diagnosis 、automatic tongue diagnosis system (ATDS) 、clinical application

過敏性疾病中醫實證研究

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過敏性疾病為全世界通見的慢性疾病，由於該疾病的反覆發作，造成社會醫療成本大增，同時也會影響患者的健康狀態及學校學習或社會工作的情形，因此如何有效控制過敏性疾病為全球當務之急的要務。

西方醫學對於過敏性疾病雖然有一定的療效，但是對於疾病的反覆發作則是力有未逮，過去我們的研究團隊發現，中藥複方治療過敏性疾病有良好的免疫調節作用，且復發率明顯較低，主要是因中藥對於人體免疫機能的上游調控，優於西藥的下游調控，研究成果對未來過敏性疾病提供一個新的途徑及思路。

關鍵字：過敏性疾病、中藥、免疫調節

Evidence-based Research on Allergic Diseases in Chinese Medicine

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Allergic diseases are common chronic conditions worldwide. Due to the recurrent nature of these diseases, they significantly increase healthcare costs and negatively impact patients' health, academic performance, and social productivity. Therefore, effectively controlling allergic diseases has become an urgent global priority.

While Western medicine offers some efficacy in treating allergic diseases, it struggles to prevent the recurrence of these conditions. Our research team has found that traditional Chinese medicine (TCM) formulas have a strong immunomodulatory effect in treating allergic diseases, with a notably lower recurrence rate. This is primarily because TCM provides upstream regulation of the body's immune functions, which is superior to the downstream regulation offered by Western medicine. Our research findings offer a new approach and perspective for the future treatment of allergic diseases.

Keywords : Allergic diseases 、 Traditional Chinese medicine 、 Immunomodulation

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中醫藥臨床研究成果發表暨新知 研討會 (一)

Traditional Chinese Medicine Clinical Research Results Release and New Knowledge Seminar

中醫實證與全球化

針刀與溫通療法在傷外科的臨床應用

馬光中醫醫療網總院長／高宗桂教授

在任何疾病的發展過程中，氣滯是非常重要的病機，故稱 " 病多氣滯 "。由於氣滯則病，氣通則調，調則病癒。中醫治療疾病之根本就是調理氣機，使之通暢，從而治癒疾病。在傷科病症多可發現氣滯症候，氣滯血瘀可用放血或微創針刀療法的強通法，氣滯血虛可用火針或艾灸的溫通法。

溫通法是以火針或艾灸為主的刺灸方法。從針具觀察，火針即古代九針中之 " 大針 "。從針法觀察，火針刺法是用火將針燒紅後，迅速刺入人體一定的穴位或部位，以達到治療目的的一種方法。我們將火針與常用的艾灸療法並稱為 " 溫通法 "，其關鍵在於 " 溫 "，其優勢與特色就在於它的 " 溫熱 " 刺激。

針刀醫學治療原理認為，軟組織損傷之後系列出現粘連、疤痕、阻塞。亦即多數會出現氣血不通的阻塞徵狀。由於 " 氣為血之帥 "，解除阻塞就是治療氣滯，從而氣血通暢，恢復功能。我們臨床以針刀為主，溫通為輔，治療傷外科病症絕大多數獲得明顯改善效果。

Clinical Application of Acupotomy and Warming Transportation Method in Traumatology

Chief Dean of Ma Kuang Medical Network / Professor Kao Tsung-kuei

In the development of any disease, qi stagnation is a very important pathogenesis, so it is called "diseased Qi stagnation". Because Qi stagnation result in the disease, as long as Qi is adjusted, and the disease will be recovered. The original cause of traditional Chinese medicine to treat the disease is to regulate the move of Qi ; make the Qi smooth, so as to cure the disease Most of the symptoms of Qi stagnation can be found in the traumatological department. Qi stagnation and blood stasis can be treated by the bloodletting or acupotomy therapy. Qi stagnation and blood deficiency can be treated by fire needles or moxibustion.

Warming transportation method is a mainly method based on fire needles or moxibustion. From the appliance of the needle equipment, the fire needle is the "big needle" of the ancient nine needles. From the observation of its acupuncture method, the fire needle thorns are burnt red with a fire, and quickly pierce a certain acupoint or part of the human body to achieve the purpose of treatment. We call the fire needle and commonly used moxibustion therapy as "Warming transportation method". The key is "warm", and its advantages and features lie in its "warm" stimulation.

The principle of acupotomy medical treatment believes that after the soft tissue is damaged, a series of adhesive, scars, and obstruction will appear. That is to say, it brings out most obstruction signs of Qi and blood. Because "Qi is the leader of blood", unblocking is the treatment of Qi stagnation, so that the Qi and blood can be smooth, and the recovery function will restored. We mainly clinically treat with acupotomy, supplemented by the warming transportation method, and most of the traumatological cases may have significant improvement effects.

針灸的維度初探～從董氏倒馬針法到楊氏區位對針

加拿大慈濟中醫門診與臨床教學中心／鍾政哲 中醫博士

用藥如用兵，行針如佈陣。臨床上常依照患者之病況，選擇適當的穴位來治療。但不論最終選用的藥味多少，並非隨意的堆藥成方。選穴亦然。醫者心中自有定見，運籌帷幄。而治療時（或針，或灸或刺絡）之順序也常蘊有深意。

倒馬針（又稱回馬針）是董公景昌在治療時常使用的特殊技法。董公特殊的倒馬取穴觀點，與單一穴點取穴不同。在一條經上一定的區段內，以兩針或三針並用謂之「倒馬針」，這樣的取穴除了有「夾穴」或「穴夾」的作用之外，由於兩穴可連成線，可成為帶，甚至可包圍成區，臨床療效顯著。如此一來其治療範圍就不是一個點，而是「帶」、「區」等大範圍。

細究之，「倒馬針」之中其實蘊含著全息觀點。董公的倒馬針法常兩三針並列，三針並列者，含有「上針治上、中針治中、下針治下」的意義；二針並列者，則有「上針治上部、下針治下」的意義。雖說因並列加強了治療作用，但何嘗不是藉著全息作用，達到全體呼應的結果。

由於兩穴可連成線，可成為帶，甚至可包圍成區，其效果所及便不是一個點，而是一個面，甚或一個大部位，所以效果比十四經穴更為顯著。楊師維傑以其多年深研，從董氏倒馬針悟出「區位觀」，而研創出「楊氏區位易象對針」。臨床上一些涉及較大面積或是不同經絡的病症，若僅依照循經取穴之思維，需要選用之穴位甚多。但依楊師之法，往往僅取兩針（或為一上一下，或為一左一右，或為一陰一陽等）即可見效。

筆者跟隨楊師學習多年，深思由董公之倒馬針到楊師之區位易象對針，每一針的增加，可謂是提高了針灸治療的維度。化繁為簡，奇正互用，深符「大道至簡」之意。茲試由針灸維度的角度，探討施針佈陣之層次。從單一個穴位，到一組穴位（倒馬），進而加上寬度跟深度，甚至融合牽引與指飛之法，整體治療的維度不斷上升，療效益增。若再加入時間因素，維度還可進一步增加，值得多加探討。

關鍵字：董氏奇穴、楊氏區位針法、區位易象對針、針灸維度、行針佈陣

Exploring the Dimensions of Acupuncture : from Tung's Dao-Ma Technique to Young's Zone Encompassing Duet Needle Protocols

Tzu Chi Clinic of Traditional Chinese Medicine Canada / Dr. Michael Chung

"Using medicine is like deploying soldiers, and applying acupuncture needles is like arranging a battle formation."

In clinical practice, the selection of acupuncture points is often based on the patient's condition to determine the appropriate treatment. However, regardless of the number of herbs used in the final prescription, they are not randomly combined. The same principle applies to the selection of acupuncture points. A skilled practitioner has a clear strategy in mind and carefully plans the treatment. The sequence of treatments (whether it involves acupuncture, moxibustion, or bloodletting) often carries profound significance.

The 'Dao Ma Technique' (also known as the 'Reverse Horse Technique') is a unique technique frequently used by Master Tung and the Tung Acupuncture practitioners.

Since two acupuncture points can form a line, create a band, or even surround an area, the effect extends beyond a single point to cover a surface or even a large area, making its effectiveness more significant than the points on the fourteen meridians. Master Young, Wei-Chieh, the disciple of Master Tung, after years of in-depth study, further developed the "Zone Theory" from Master Tung's Dao Ma technique and created the "Young's Zone Encompassing Dual Needle Technique." Clinically, for certain conditions that affect a larger area or involve multiple different meridians, many points would be chosen if following the traditional meridian selection method. However, with Master Young's method, often only two (or three) needles (which could be one above and one below, one left and one right, or one yin and one yang) are required to achieve effective results.

Exploring the Dimensionality of Acupuncture treatment

Having studied under Master Young for many years, I have contemplated the progression from Tung's Dao Ma technique to Young's 'Zone Encompassing Dual Needle Technique.' And realized that each additional needle actually represents an elevation in the dimension of acupuncture treatment. Simplifying the complex, utilizing both the extraordinary and the ordinary, deeply aligns with the concept of "the Great Way (the Tao) is the simplicity." From the perspective of acupuncture dimensionality, I attempt to explore the layers of needle arrangement. Starting from a single acupuncture point to a group of points (Dao Ma), then adding width and depth, and even integrating techniques like Qian Yin technique (guiding) and Zhi Fei technique (flying finger), the dimensionality of the overall treatment protocol continuously rises, and its therapeutic efficacy increases. If we also consider the time factor, the dimensionality can be further expanded, which is worth exploring further.

Keywords : Tung's Acupuncture 、Tung's Extra Points 、Young's Zone Encompassing Dual Needling 、Acupuncture Protocol Formation 、acupuncture dimensionality

牟平上莊于氏針灸～針灸時代變遷及發展

美國聯合針灸中醫公會 (UAA)／于家山醫師

牟平上莊于氏針灸命名在 2017 年 12 月美國洛杉磯。其針法已知僅在家族內部傳承，六百年來于氏家族四支中名醫輩出，非四支任何一系傳承，而是在各支相互流轉。

隨著清末民初出生的于氏家族中醫針灸代表人物的離世，目前已知美國洛杉磯行醫的于家山博士為唯一針灸傳人。

牟平上莊于氏家族歷經二十多代傳承和六百多年累積，形成針灸自身的特點，可不拘於體位，隨症取穴，對症對人進行針刺。在針灸過程中，病人可不褪衣衫，醫者在其手腳或頭部相應穴位用針，操作便捷，效用顯著。

此外，于氏家族的「法擔法截」是登州府（煙台）牟平中醫傳人走出膠東半島，向外傳播針灸教學時的一份高效備忘錄。其早期版本以膠東方言傳播，記錄了于氏針灸技能的精髓，也是對過去幾百年臨床經驗的系統性總結。

牟平上莊于氏家族的頭部總提取穴配合體針，總領體針，與體針相得益彰。體針七分七部七星，頭、耳、手、足、臂、腿、胸背部同取以陰陽定病位，經絡理論在針灸臨床中只起到輔助參考作用。

關鍵字：牟平上莊于氏針灸、中醫、針灸、法擔（擔法）、法截（截法）

Summary of the Yu's Family Acupuncture Legacy from the village of Shangzhuang in the Muping county at Shandong Province

United Acupuncture Association (UAA) / Dr. Jiashan Yu

The Muping-Shangzhuang Yu's Family Acupuncture was officially named in Los Angeles, California in the United States in December 2017. This acupuncture method is known to have been passed down through oral transmission and exclusively within the Yu's family. Over the past 600 years, famous doctors have emerged from within the four genealogy branches of the Yu's family. The acupuncture method was never passed to any single branch but circulated among all branches of the Yu's family.

With the passing of the prominent figures in the Yu's family who were born during the late Qing Dynasty and early Republic of China, Jiashan Yu PH.D, currently practicing in Los Angeles, is recognized as the sole living acupuncturist who has inherited this tradition.

Through more than 20 generations of transmission and over 600 years of accumulated experience, the Muping-Shangzhuang Yu's family has developed distinctive acupuncture techniques. The needling techniques can be applied regardless of a patient's body position. During the treatment, the patients do not need to remove any clothing as the practitioner uses the needles on distal points on either the hands, feet or head. The whole process is efficient and the physiological responses are rapid and the effects are significant.

Additionally, the "Fadan" and "Fajie" techniques of the Yu's family serve as an efficient mnemonic for the Muping Chinese medicine descendants from Dengzhou Prefecture (Yantai) who spread acupuncture teachings beyond the Jiaodong Peninsula. The early versions of these techniques were transmitted in the Jiaodong dialect, capturing the essence of the Yu's family acupuncture skills and providing a systematic summary of clinical experience over the past few hundred years.

The Yu's methodology prioritizes the use of distinct scalp points (Zong Ti - unique to the Yu's family), while combining TCM meridian acupuncture points which complements and enhances the physiological response in the body. The body acupuncture is divided into seven parts, represented by the analogy of the seven stars of the Big Dipper. The head, ears, hands, feet, arms, legs, chest and back are utilized together to treat symptoms following the principles of yin and yang theory. The meridians theory only play an auxiliary reference role in acupuncture clinical practice in clinical acupuncture practice.

Keywords : Muping-Shangzhuang Yu's Family acupuncture 、 Traditional Chinese medicine (TCM) 、 acupuncture 、 Fadan (Danfa) 、 Fajie (Jiefu)

健康成年人手脈波速度和手脈波傳送時間的決定因素

佛光大學樂活產業學院／呂萬安教授

動脈脈波速度 (PWV) 被認為是評估週邊血管僵硬度的便捷方法。本研究探討了自願參與本研究的健康成年人 (60 名男性 $=42.4 \pm 13.9$ 歲；64 名女性 $=42.8 \pm 13.9$ 歲) 的手脈波速度 (hPWV) 和手脈波傳送時間 (hPTT) 的臨床特徵。坐位時記錄動脈搏動波形和橈骨莖突至雙手中指尖的解剖距離。hPWV 計算為兩點之間的移動距離除以 hPTT。男性受試者的 hPWV、收縮壓和脈壓明顯高於同齡女性受試者，而 hPTT 在性別之間沒有顯著差異。多元線性迴歸分析顯示，性別是 hPWV 和 hPTT 的共同決定因素，年齡和心率 (HR) 分別與 hPWV 和 hPTT 呈負相關。我們得出的結論是，男性受試者的 hPWV 高於女性受試者。老化與 hPWV 降低相關，而 HR 增加與 hPTT 減少相關。hPWV 和 hPTT 可作為非侵入性指標來表徵週邊血管的老化和動脈硬化。

Determinants of hand pulse wave velocity and hand pulse transit time in healthy adults.

Yung-Sheng Chen ^{#1 2 3}, Wan-An Lu ^{#4}, Ling-Yen Hsu ⁵, Cheng-Deng Kuo ^{6 7 8}.

Determinants of hand pulse wave velocity and hand pulse transit time in healthy adults. Sci Rep. 2024 May 2; 14 (1): 10144. doi: 10.1038 / s41598-024-60927-5.)

Arterial pulse wave velocity (PWV) is recognized as a convenient method to assess peripheral vascular stiffness. This study explored the clinical characteristics of hand PWV (hPWV) and hand pulse transit time (hPTT) in healthy adults (sixty males=42.4 ± 13.9 yrs ; sixty-four females=42.8 ± 13.9 yrs) voluntarily participated in this study. The arterial pulse waveform and the anatomical distance from the radial styloid process to the tip of the middle finger of both hands were recorded in the sitting position. The hPWV was calculated as the traversed distance divided by hPTT between those two points. Male subjects showed significantly greater hPWV, systolic blood pressure, and pulse pressure than age-matched female subjects, while the hPTT was not significantly different between genders. Multiple linear regression analysis showed that gender is a common determinant of hPWV and hPTT, and that age and heart rate (HR) were negatively correlated with hPWV and hPTT, respectively. We conclude that male subjects have greater hPWV than female subjects. Ageing is associated with decreased hPWV, while increased HR is associated with a smaller hPTT. The hPWV and hPTT might be used as non-invasive indices to characterise the ageing and arterial stiffness of peripheral blood vessels.

吳門針灸特色簡介及手三里擔刺法

孫成力

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太湖學堂針灸學部兼中醫診斷學教研室主任，太湖學堂國際中醫師、高級講師、太湖明醫；中華中醫藥學會針刀醫學分會委員，上海中醫藥學會治未病專委會常委，上海針灸協會芒針專委會常委。曾隨高建東教授、何立群教授等學醫，現師承吳雄志教授。發表論文 50 餘篇，專著 3 本。

吳針的創立和傳承自張三豐真人、孫思邈真人及吳雄志教授，吳雄志教授針灸體系的形成以《針灸六經法要》的完成為標誌，構建了吳針新針灸學學科體系。吳針使針灸學發生質的飛躍，實現了針藥一統，打通針灸和中醫的關係；實現了古今一統，把古典針灸和現代針灸流派大一統，把奇穴還原歸經，讓大家真正看到針灸學術發展的脈絡，知道古典針灸和現代流派之間的源流關係，解決了使針灸的知識碎片化問題。在以上基礎上最終實現中西一統，引領中醫進入一個新的時代。

根據針灸擾場原理、鏡像原理、卡聚（沖和）原理，結合陽明合穴法 - 擔刺、合穀全息診療法及對應取穴診療法等針灸法，根據手三里穴止痛、解痙、抗炎、活血療傷的療效，創立手三里擔刺法。

陽明手三里擔法，手三里穴加曲池、溫溜、郄門，治腰痛及痛經、腎絞痛、各類疼痛；手三里穴加曲池或附近尺澤、曲澤、小海等痛點：腰痛、膝痛；手三里穴加手臂對側痛點治療對側手肘臂痛，如網球肘、靜脈炎、腱鞘炎；手三里穴加大陵穴：足跟痛；手三里穴加養老穴 / 後溪、合穀：頸椎、腰椎痛、坐骨神經痛；手三里穴加魚際穴、溫溜穴：肩周炎（肺經，魚肩穴）、坐骨神經痛（魚髀穴）；手三里穴加曲池：過敏、炎症、胃腸炎（刮痧）；手三里穴加內關：乳腺炎、心悸胸痛；手三里穴加液門、內關：淋巴水腫；手三里穴加地神、小離火陣：鼻炎、鼾症；手三里穴加坎三針：婦科痛經、生殖。

Introduction of Wu's Acupuncture and the *Shousanli (LI10)* Acupuncture Therapy Method

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Wu's acupuncture was founded and inherited from Zhang Sanfeng, Sun Simiao and Professor Wu Xiongzhi. The formation of Professor Wu Xiongzhi's acupuncture system was marked by the completion of *The Summary of acupuncture Treatment of Six Channel Diseases*, which established a new discipline system of acupuncture. Wu's acupuncture made a qualitative leap in acupuncture and moxibustion, realized the unification of acupuncture and medicine, and opened up the relationship between acupuncture and traditional Chinese medicine.

It has achieved the unification of ancient and modern times, unified classical acupuncture and modern acupuncture, and restored strange points to meridians, so that everyone can really see the context of acupuncture academic development, know the origin and development relationship between classical and modern acupuncture, and solve the problem of fragmentation of acupuncture knowledge. On the basis of the above, the ultimate goal is to achieve the unity of Chinese and Western medicine, leading TCM into a new era.

According to the principles of acupuncture, such as the principle of disturbing the field, the principle of mirror image, the principle of Chonghe, combined with the Yangming combination point method, the second metacarpal bone holographic diagnosis and treatment method, and the corresponding point selection diagnosis and treatment method, and based on the efficacy of *Shousanli (LI10)* point in pain relief, spasmolysis, anti-inflammatory, and blood activating therapy, the author created the *Shousanli (LI10)* Dan acupuncture method.

The Yangming *Shousanli (LI10)* Dan Method uses the *Shousanli (LI10)* acupoint combined with Quchi, Wenliu, and Qimen to treat lower back pain, dysmenorrhea, renal colic, and various types of pain. Treating lower back pain and knee pain by adding Quchi or pain points such as Chize, Quze, and Xiaohai to the *Shousanli (LI10)* acupoint. Treatment of contralateral elbow and arm pain, such as tennis elbow, phlebitis, and tenosynovitis, using the *Shousanli (LI10)* acupoint combined with pain points on the opposite side of the arm. *Shousanli (LI10)* acupoint and Daling acupoint are used to treat heel pain. *Shousanli (LI10)* acupoint plus Yanglao acupoint/Houxi and Hegu are used to treat cervical and lumbar pain, as well as sciatica. *Shousanli (LI10)* acupoint combined with Yuji acupoint and Wenliu acupoint is used to treat shoulder periarthritis and sciatica. *Shousanli (LI10)* acupoint combined with Quchi is used to treat allergies, inflammation, and gastroenteritis. Treating mastitis, palpitations, and chest pain with the combination of *Shousanli (LI10)* acupoint and Neiguan acupoint. Upper limb lymphedema use the *Shousanli (LI10)* acupoint and the Neiguan , Yemen acupoint ; *Shousanli (LI10)* acupoint combined with Di Shen and Xiao Li Fire Formation is used to treat rhinitis and snoring. *Shousanli (LI10)* acupoint plus Kan San Zhen : for gynecological dysmenorrhea, reproductive disorders, etc.

董針新觀 - 董氏針灸與太極動氣的結合

中華董氏奇穴針灸學會理事長／曾天德醫師

董楊針灸治療疼痛，其關鍵技法是利用全息對應結合氣的運行和引導。

傳統太極拳隨著動作流動性和靈活性，有助於提高骨密度和關節穩定性。太極拳的動作還能拉伸和強化肌肉。

太極動氣技法結合了《內經》、董楊針灸、太極拳和武術，從而增強了治療效果。

關鍵字：董楊針灸、太極動氣



New Integrated Technique on Tung Style Acupuncture and Tai-Chi Dong Qi

Taiwan Tungs Style Acupuncture Medical Association Chairman / Dr. Tseng Tien-Te

The key technique to treat the pain from Tung-Yang style acupuncture is a holographic correspondence with Qi moving and guiding technique.

Traditional Tai Ji is the movement with the flow and flexible of helps improve bone density and joint stability. Tai Ji movements also stretch and strengthen muscles.

Tai-Chi Dong Qi technique is a combination of Nei Jing, Tung-Yang style Acupuncture, Tai Ji and martial arts thus enhance the treatment result.

Keywords : Tung-Yang style acupuncture 、 Tai-Chi Dong Qi

退化性膝骨关节炎中西医治疗进展

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目前退化性膝骨关节炎的治疗效果, 只有短期的疗效, 缺乏长期的有效性研究。采用新颖的治疗方式与方法, 治疗退化性膝骨关节炎, 以期获取长期的疗效, 来避免关节炎后期可能的膝骨关节置换术。本文检索中国知网, WEB OF SCIENCE, Google学术搜索, 与万方数据库, 以关键字搜索 2017 年至 2022 年间的文献, 获取有关退化性膝骨关节炎的病因病机、治疗方法与方式、治疗结果与治疗后效果之临床研究文献。排除动物性研究, 与退化性膝骨关节炎无关, 只有摘要及重复性文献。选取核心期刊所发表的文献, 再以逐篇阅读方式, 收录相关具代表性五十篇文献, 进行汇总与分析。此研究拟分析近五年治疗退化性膝骨关节炎的临床研究相关文献, 以优化出更好的治疗方案。

关键字：退化性膝骨关节炎、机理、治疗、临床研究、随访

選定穴位拔罐放血的臨床效應

馬來西亞傳統與輔助醫學會理事長／張文開院長

選定穴位的拔罐放血療法在中醫中是一種傳統的治療手段，現今也引起了國際醫學界的關注。此療法依據中醫經絡學說，通過刺激特定穴位來調節身體的內部平衡，從而達到治療的效果。研究顯示，適當選擇穴位進行拔罐放血，可以顯著改善多種疾病的症狀，如緩解背部疼痛和促進血液循環。

拔罐放血的作用機制主要在於負壓下的血液和淋巴液流動加速，這有助於減少體內的炎症反應。根據國際期刊的研究，這種療法對於慢性疼痛、偏頭痛以及某些皮膚病有顯著的治療效果。例如，一項隨機對照試驗表明，拔罐放血能夠顯著降低偏頭痛的發作頻率和強度。

在臨床實踐中，拔罐放血的療效已經在多項研究中得到了驗證。一篇系統性綜述指出，該療法對於治療骨關節炎、慢性腰痛和高血壓等疾病具有顯著的臨床效應。通過這種療法，患者的疼痛感大幅度減輕，且血壓穩定性也有所提高。

儘管如此，拔罐放血的臨床效應仍存在一些挑戰。由於個體差異，療效可能會有所不同。未來的研究應該更深入地探討其作用機制，並進一步確定最有效的穴位選擇策略，以期提高療效的一致性和可預測性。

“Shuni” Clinical effect of selected acupoint cupping and bloodletting

President of the Joint Clinic of Tai E / Dr. Teoh, Boon Khai.

Cupping with bloodletting at selected acupoints is a traditional treatment method in Chinese medicine that has recently garnered attention from the international medical community. This therapy is based on the principles of meridian theory, which involves stimulating specific acupoints to regulate the body's internal balance, thereby achieving therapeutic effects. Research has shown that appropriately selecting acupoints for cupping with bloodletting can significantly improve symptoms of various conditions, such as relieving back pain and promoting blood circulation.

The mechanism behind cupping with bloodletting primarily involves the application of negative pressure, which enhances the flow of blood and lymphatic fluid, helping to reduce inflammation within the body. Studies published in international journals have demonstrated that this therapy is effective in treating chronic pain, migraines, and certain skin conditions. For instance, a randomized controlled trial found that cupping with bloodletting can significantly reduce the frequency and intensity of migraine attacks.

In clinical practice, the efficacy of cupping with bloodletting has been validated by numerous studies. A systematic review highlighted that this therapy shows significant clinical effects in treating conditions such as osteoarthritis, chronic lower back pain, and hypertension. Patients undergoing this treatment have reported notable reductions in pain and improvements in blood pressure stability.

Despite these positive findings, there are still challenges in fully understanding the clinical effects of cupping with bloodletting. Individual variations can lead to differing outcomes, making it essential for future research to delve deeper into the underlying mechanisms of this therapy. Further studies are needed to identify the most effective acupoint selection strategies to ensure consistent and predictable therapeutic outcomes.

直腸癌化放療程中腹瀉之中醫治療

奇美醫療財團法人奇美醫院 中醫部／陳豪君

大腸癌（結腸、直腸、肛門癌）位於 111 年十大癌症死因第三位，隨年紀增加大腸癌的發生機率也隨之增加，近年來也有年輕化趨勢，大腸癌篩檢由原先 50-74 歲調整為 45-74 歲及 40-44 歲具有家族史者。現今西醫在大腸直腸癌的治療上以手術切除為主，根據不同的分期有輔助性化療、放療、標靶、免疫／細胞治療等方式，療程中化療藥物 5-FU、Oxaliplatin 等治療過程中常有噁心嘔吐、口腔潰瘍、腹瀉、手麻等副作用，標靶藥物 Bevacizumab、Cetuximab 等常有血壓偏高、皮膚紅疹、手足水泡、腹瀉等副作用而使患者尋求中醫治療。對於中低位直腸癌患者，若臨床評估有侵犯到腸壁漿膜層以上或是局部淋巴結有轉移，會先安排術前放療合併化療以期達到縮小腫瘤體積以減少切除範圍。本次藉由病例探討一位 54 歲低位直腸癌患者術前同步化學放射治療中已血便腹瀉一個月，服止瀉藥 Loperamide 後未能緩解後至中醫就診，中醫辨證屬濕熱中阻合併化療後脾氣虧虛、治療以補益脾氣、清利濕熱為主，開立科學中藥配合針灸治療，二週後已無血便腹瀉，放化療療程結束後持續以中藥加針灸輔助治療，兩個月後追蹤腫瘤已縮小，再一個月手術切除中取樣 8 顆淋巴結均未發現癌細胞轉移，臨床病理分期由 cT3N1M0, Stage IIIB 降至 ypT2N0M0，手術範圍縮小也達到患者保留肛門的期望，一年後追蹤無復發。

Traditional Chinese Medicine and Acupuncture for the Concurrent Chemoradiotherapy-Induced Diarrhea in Low Rectal Cancer.

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Colorectal cancer (including colon, rectal, and anal cancer) ranked third among the top ten causes of cancer death in 2022. The incidence of colorectal cancer increases with age, and there has been a recent trend of younger onset. The age range for colorectal cancer screening has been adjusted from 50-74 years to 45-74 years, and 40-44 years for those with a family history. Current Western medical treatment for colorectal cancer primarily involves surgical resection. Depending on the stage, additional treatments such as adjuvant chemotherapy, radiotherapy, targeted therapy, and immunotherapy/cell therapy may be employed. Chemotherapy drugs like 5-FU and Oxaliplatin often cause side effects including nausea, vomiting, oral ulcers, diarrhea, and peripheral neuropathy. Targeted drugs such as Bevacizumab and Cetuximab may result in hypertension, skin rashes, hand-foot syndrome, and diarrhea, leading patients to seek complementary treatments in Traditional Chinese Medicine (TCM).

For patients with mid-low rectal cancer, if clinical assessment indicates invasion beyond the bowel wall into the serosa or local lymph node metastasis, concurrent chemoradiotherapy(CCRT) is typically arranged to reduce tumor size and minimize the extent of resection. This case study explores a 54-year-old patient with low rectal cancer who experienced bloody stools and diarrhea for one month during preoperative CCRT. After the antidiarrheal medication, Loperamide, failed to alleviate the symptoms, the patient sought TCM treatment. TCM diagnosis identified damp-heat obstructing combined with spleen qi deficiency due to chemotherapy. The treatment focused on tonifying spleen qi and clearing damp-heat, using concentrated scientific herbal prescriptions and acupuncture. Two weeks later, the patient had no more bloody stools or diarrhea. After completing the CCRT, He continued treatment with TCM and acupuncture. Two month follow up evaluation, tumor shrunk. One month later, surgical resection revealed that all eight lymph nodes sampled were free of cancer cells. The clinical pathological stage improved from cT3N1M0, Stage IIIB to ypT2N0M0, Stage I. With the reduced surgical region, the patient undergoing anus-preserving surgery. One year post-treatment follow up, there was no recurrence.

原發性腦癌在中西醫結合的全人醫療

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原發性腦癌的病因尚不清楚，其惡性程度高、預後差，也缺乏預防方法，目前西醫以手術、放射線、化學藥物、標靶治療，但卻無法避免復發。原發性腦癌早期沒有明顯症狀，但後續因腫塊壓迫效應則有各種複雜症狀，或因手術、放療化療引起顱內血腫、水腫、發炎，腦壓急遽上升或損傷腦組織，往往都危及生命，若僅以傳統中醫「辨證論治」，顯然也不足以因應。

本文七例原發性腦癌 Anaplastic oligodendroglioma 2 位、Anaplastic Astrocytoma (WHO grade 3) 2 位，GBM (who grade 4) 3 位，七位皆高度惡性，經西醫治療後，都有不同程度的副作用和腦損傷，和復發病史。患者尋求中醫介入治療後，療程持續最短 3 個月，最長 42 個月，並持續在醫學中心診察追蹤，結果：據醫院之 (MRI、CT) 影像和病理報告顯示：7 例中 5 例穩定無復發，PFS (無惡化存活期) 43~14 個月，並持續延長中；其餘 2 例在終止中醫治療後大約一年左右後皆復發，但其中 1 例恢復中醫治療後，目前 PFS 已達 10 個月未再復發。

本文「三治、三陣、十三法」：三治為：一、扶正祛邪，病傷同「治」；二、位性形勢，辨證論「治」。三、靈性關懷，全人醫「治」；三陣十三法為：一、本態，熱毒瘀痰濕，邪正爭，主用「清熱、活血、利濕、化痰」法；二、虛實夾雜，三焦失司，亢害增，主用「和解、通降、攻毒、補養、瀉下」法；三、虛損邪伏，全人俱病，神失養，主用「滋養、鎮定、開竅、散結」法，據此互用合用，擬議為中西醫結合治療與「全人醫療」的實證研究的進路，而全人醫療在中醫，係源自《易經》之太極，是求「大而無外，小而無內」每一個維度「致中和」，亦即「保合太和」以期能贊育生命之道。

關鍵字：原發性腦癌、GBM、中西醫結合、全人醫療、太極、太和

Holistic treatment of primary brain cancer Integrating Traditional Chinese and Western medicine

Dr. Huang Yiech Chieh

The etiology of primary brain cancer is still unknown, its malignancy is high, its prognosis is poor, and there is a lack of preventive methods. Currently, Western medicine treats it with surgery, radiation, chemical drugs, and targeted therapy, but it is impossible to avoid recurrence. Primary brain cancer does not have obvious symptoms in the early stage, but later on, due to the “mass effect” of the tumor, there are various complicated symptoms, or due to intracranial hematoma, edema, inflammation, rapid increase “intracranial pressure”, or injury to brain tissues caused by surgery, radiotherapy, and chemotherapy, which are often life-threatening, and are obviously insufficient to cope with them if only the “Pattern Identification or Syndrome Differentiation and Treatment” of traditional Chinese medicine is used.

In this paper, we present seven cases of primary brain cancer : two cases of Anaplastic oligodendroglioma, two cases of Anaplastic Astrocytoma (WHO grade 3), and three cases of GBM (WHO grade 4), all of which were highly malignant. After treatment with Western medicine, all of them suffered from different degrees of side effects and brain damage, as well as a history of recurrence of the disease. After the patients sought Chinese medicine therapy, the treatment lasted for a minimum of 3 months and a maximum of 42 months, and continued to be followed up at the Medical Center. Results : According to the hospital's (MRI, CT) imaging and pathology reports, 5 of the 7 cases were stable and relapse-free, with a PFS (progression free survival) of 43-14 months, which continued to be prolonged ; the remaining 2 cases relapsed about one year after termination of Chinese medicine therapy, but 1 case relapsed after resumption of Chinese medicine therapy, and 1 case had a history of recurrence after resumption of Chinese medicine therapy. The other two cases relapsed about one year after discontinuation of Chinese medicine treatment, but one of them has not relapsed for 10 months after resumption of Chinese medicine treatment.

In this paper, there are three treatments, three phases and thirteen methods : the three treatments. The proposed approach is a combination of Chinese and Western medicine and the empirical study of “holistic medicine”. In Chinese medicine, holistic medicine originates from the Tai Chi of the I Ching, which seeks to “achieve neutrality and harmony” in every dimension, i.e., “to attain to a state of equilibrium and harmony”, in order to support the way of life.

Keywords : primary brain cancer 、 GBM 、 Chinese and Western medicine 、 holistic medicine 、 taiji, taihe

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中醫藥臨床研究成果發表暨新知 研討會 (二)

Traditional Chinese Medicine Clinical Research Results Release and New Knowledge Seminar

中醫實證與全球化

第二型糖尿病之中醫證型診斷 GPT 系統的開發：先驅型研究

台中 童綜合醫院中醫科 主治醫師／楊恩豪

研究目的

GPT 技術在近年來突飛猛進，本研究擬針對第二型糖尿病，導入該技術設計一個中醫證型診斷系統，並以臨床病例報告驗證其證型判斷的系統答覆是否有落差。

材料與方法

在中國知網以「糖尿病」、「中醫」、「證型」為搜索關鍵字，蒐集 2019-2023 年間中國碩博士學位論文得 534 篇建立向量資料庫，並以 ChatGPT 技術自動生成回覆。

研究結果

以《中醫藥雜誌》收錄 2 篇第二型糖尿病案例詢問，發現其判讀中醫證型與國內教材吻合。

討論

這次初步成果顯示人工智能生成回應必須考量中醫證型特性，深具發展潛力。

關鍵字：ChatGPT、中醫、證型、第二型糖尿病

GPT Assistant System for TCM Pattern Diagnosis of Type 2 Diabetes Mellitus : A Pilot Study

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Objective

This study intends to introduce the GPT technology to design a Chinese medicine diagnostic system for type 2 diabetes mellitus (T2DM), and to verify the automatic response to the clinical case reports.

Materials and Methods

We buildt up a vector database of 534 graduate theses from 2019-2023 in China collected from the CNKI with keyword of "diabetes", "Chinese medicine", and "diagnosis pattern (證型)". The system responses about TCM diagnosis pattern of cases were automatically generated with ChatGPT technique.

Results

Two cases of T2DM from Journal of Chinese Medicine were input into the system. The automatic generated diagnosis patterns matched with that of domestic textbooks.

Discussion

The results of this pilot study show that AI-generated responses must take into account the characteristics of TCM diagnosis patterns, and have great potential for development.

Keywords : ChatGPT 、 TCM 、 diagnosis pattern 、 T2DM

加護病房 covid-19 重症肺炎、敗血症、急性呼吸窘迫症、呼吸衰竭、covid-19 感染後腦萎縮、敗血症性急性腎損傷經中西醫結合治療後復原病例報告

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Nature 在 2022 年刊登英國大型生醫資料庫，UK biobank 的腦部磁共振造影資料顯示：感染 covid-19 的大腦皮質厚度會顯著地減少。實驗結果，對照染疫前、染疫後的磁共振造影檢查，檢視染疫後大腦的改變，證實與嗅覺有關的腦區，如眶額皮質 (orbitofrontal cortex)、海馬旁迴 (parahippocampal gyrus) 厚度減少；與初級嗅覺皮質 (primary olfactory cortex) 相連區域的組織損傷；全腦體積減少、腦脊髓液體積增加；小腦負責認知功能的 crus II 萎縮，使得執行複雜任務的能力下降；和對照組相比，染疫者在這兩次的腦部影像掃描多了 0.2-2% 的灰質萎縮或組織損傷。在文章後提問這項改變是不是可以恢復？尚未獲得結論。而在中醫臨床治療上，確實可修復各種關於新冠肺炎造成的腦部損傷，但少有影像可證實。此篇病例在治療過程中的影像紀錄恰好能證明，腦部損傷得以修復。

此重症病例，病患入院於 2024 年 2 月 10 日，感染 covid-19 昏迷，因肺炎併發糖尿病酮酸中毒、急性呼吸窘迫症、敗血症性休克。2 月 10 日腦部電腦斷層無異常，2 月 15 日經檢查有 Epileptic discharge at Rt temporal and Lt frontal regions。2 月 22 日因意識障礙會診神經科，腦部電腦斷層顯示雙側不對稱腦萎縮及鼻竇炎。2 月 14 日，病患痰液及血液中培養均顯示肺炎克雷伯菌 (*Klebsiella pneumoniae*) 感染。2 月 29 日病患再次發生嚴重敗血症，呼吸衰竭。2 月 29 日痰液培養結果顯示念珠菌感染。

中醫治療於 3 月 5 日開始，初診，病患 Glasgow 指數，E3VtM1，中醫介入經中西醫結合治療後病患清醒，脫離敗血症，及呼吸衰竭，並開始呼吸復健，嘗試脫離呼吸器。於 3 月 13 日腦部 MRI 證實，腦部恢復兩側對稱，除鼻竇乳突積液外，無明顯異常。

病患於 4 月 12 日撤口內氣管插管，而撤管後又再次感染多重抗藥菌 (*Chryseobacterium indologene*) 引發敗血症，及敗血症性急性腎損傷，因反覆呼吸窘迫接受氣切手術，經配合中醫治療，病患再次脫離敗血症，並修復腎臟功能。病患進行呼吸訓練，於 5 月 20 日帶輔助呼吸器出院，出院後在家仍持續服用中藥，與家人互動如常，可與家人玩鋪克牌等，經家人證實，沒有任何智力及認知上的缺陷。

中西醫結合幫助病患脫離 covid-19 重症肺炎之敗血症、敗血症性休克、及敗血症性急性腎損傷均已有報告，而 covid-19 腦萎縮，經由此一重症病例證實，因新冠肺炎引發之大腦萎縮後遺症，經由中醫及早介入，控制發炎，排除過多的腦脊髓液占位，可修復組織，修復腦傷，避免腦組織長時間受損，導致腦細胞死亡產生實質性萎縮；中醫治療在感染初期，清熱解表可截斷病毒持續感染腦細胞，清理發炎反應，阻斷神經發炎，避免與嗅覺相關的腦區因嗅覺喪失，相關的感覺神經刺激減少導致萎縮；中藥在初始感染階段解表、清熱、芳香利肺可治療嗅覺喪失，若病毒干擾已造成腦部神經細胞萎縮，使用中藥清利餘熱，加上回陽救逆以溫全身之陽氣、益氣及辛溫香竄之中藥，可恢復嗅覺神經傳導；在重症病患中，肺炎伴隨難治肺積水，全腦體積減少、腦脊髓液體積增加，與水離子通道的表現，影響體液通透流通有關。在中醫生理，水道不利，引發水、濕、痰、飲在身體中無法代謝，其中肺積水、與腦中腦脊髓液增加，水腦症，

腦水腫導致腦壓升高均為離經之飲，支飲、溢飲、懸飲導致。中藥淡滲利濕、利水、逐水、竣水藥物即是處理各種離經之水。特別是逐水、竣水藥物與水通道蛋白表現有關。因此用在難治之水，如腹水、胸水，亦已有期刊報告。關於中藥在水通道蛋白上的應用，仍未有全面的科學實驗證實，但在臨床使用已明確有顯著效果。

關鍵字：covid-19 重度肺炎、肺積水、急性呼吸窘迫症、呼吸衰竭、敗血症、covid-19 腦萎縮、敗血症性急性腎損傷、中西醫結合、結胸症、懸飲

Recovery from Severe COVID-19 Pneumonia, Sepsis, Acute Respiratory Distress, Respiratory Failure, Cerebral Atrophy, and Septic Acute Renal Injury After Combined Chinese and Western Medicine Treatment in the Intensive Care Unit : A Case Report

Mingyi - Cyan Field Chinese Medicine Clinic / Dr. Huang, Shih-yen

In 2022, Nature published data from a large biomedical database in the United Kingdom. The brain magnetic resonance imaging (MRI) data from the UK Biobank revealed a significant reduction in the thickness of the cerebral cortex in patients infected with COVID-19. MRIs taken before and after infection were used to assess changes in the brain, confirming a decrease in the thickness of brain regions involved in olfaction, such as the orbitofrontal cortex and parahippocampal gyrus. Additionally, tissue damage was observed in areas connected to the primary olfactory cortex, along with a reduction in global brain volume and an increase in cerebrospinal fluid volume. The crus II region of the cerebellum, which is responsible for cognitive function, also showed atrophy, leading to a decreased ability to perform complex tasks. Compared to the control group, infected patients exhibited 0.2-2% more gray matter atrophy or tissue damage in these brain imaging scans. The article posed the question of whether these changes could be reversed, but no conclusions were drawn.

In the clinical treatment of traditional Chinese medicine (TCM), various brain injuries caused by COVID-19 pneumonia can indeed be repaired, although imaging evidence to confirm this has been scarce. However, in this case, imaging during treatment demonstrated that brain damage was successfully repaired.

The patient in this severe case was admitted to the hospital on February 10, 2024, after contracting COVID-19 and falling into a coma. The patient presented with pneumonia complicated by diabetic ketoacidosis, acute respiratory distress syndrome, and septic shock. A brain CT scan on February 10 showed no abnormalities, but by February 15, epileptic discharges were detected in the right temporal and left frontal regions. On February 22, the patient was consulted by the neurology department due to impaired consciousness, and a brain CT scan revealed bilateral asymmetric cerebral atrophy and sinusitis. Sputum and blood cultures on February 14 indicated a *Klebsiella pneumoniae* infection, and by February 29, the patient had developed severe sepsis and respiratory failure. Sputum cultures on the same day revealed a *Candida* infection.

TCM treatment began on March 5. At the time of initial diagnosis, the patient's Glasgow Coma Scale (GCS) score was E3VtM1. After combining TCM with Western medicine, the patient regained consciousness, overcame sepsis and respiratory failure, and began respiratory rehabilitation, eventually attempting to wean off the ventilator. A brain MRI on March 13 confirmed that the brain was symmetrical, with no significant abnormalities aside from sinus mastoid effusion.

The patient was successfully extubated on April 12 but subsequently developed sepsis and septic-induced acute kidney injury due to a multi-drug resistant *Chryseobacterium indologenes* infection, necessitating a tracheotomy due to recurrent respiratory distress.

With continued TCM treatment, the patient again overcame sepsis and regained kidney function. The patient underwent breathing training and was discharged from the hospital with an assistive ventilator on May 20, continuing to take Chinese medicine at home. The patient was able to interact normally with family members and even engage in activities like playing cards. The patient's family confirmed that there were no signs of mental or cognitive impairment.

The combination of traditional Chinese and Western medicine has been reported to help patients recover from severe COVID-19 pneumonia, sepsis, septic shock, and septic-induced acute kidney injury. This severe case confirmed that brain atrophy, a sequela of COVID-19, can be managed through early TCM intervention. TCM effectively controls inflammation, removes excess cerebrospinal fluid, repairs tissue, and mitigates brain injuries, preventing long-term brain damage and significant atrophy due to brain cell death.

In the early stages of infection, TCM treatment can interrupt the ongoing viral attack on brain cells, resolve inflammatory responses, and halt nerve inflammation, thereby preventing atrophy in brain areas associated with olfaction due to loss of smell and related sensory nerve stimulation. If the virus has already caused atrophy of brain nerve cells, TCM can restore olfactory nerve conduction by revitalizing the body's yang energy.

In severe cases, pneumonia may be accompanied by refractory pleural effusion, a decrease in overall brain volume, and an increase in cerebrospinal fluid volume, which may be related to the influence of aquaporins on fluid permeability and circulation. In TCM, impeded "waterways" result in the accumulation of water, dampness, phlegm, and fluids, leading to pleural effusion, increased cerebrospinal fluid in the brain, hydrocephalus, and cerebral edema, all of which can raise intracranial pressure. TCM treatments focus on eliminating dampness, promoting diuresis, and expelling retained fluids, effectively treating various forms of fluid retention. While comprehensive scientific experiments on the application of TCM in regulating aquaporins are lacking, its significant clinical effects are well-documented.

靈芝多醣結合鱸魚蛋白，用於生活方式之臨床研究

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包括許多代謝症候群、癌症等生活習慣病可以使用以中醫為基礎的健康管理手段來解決，其中最常用的就是健康飲食或保健食品。使用創新技術開發的鱸魚蛋白含有許多膠原蛋白、支鏈胺基酸和活性胜肽。細胞實驗結果顯示可以有效抑制代謝症候群和修復肌肉的損傷，人體實驗證明鱸魚蛋白可以明顯提高肌蛋白、提高肌耐力和降血壓的功能。利用代謝合成技術開發的靈芝活性多醣含有 3% 的 β -1,3;1,6-glucan 為三元螺旋結構，由研究結果顯示可以抑制代謝症候群、抗發炎和抑制大腸癌細胞增殖的效果。人體實驗中已發現可以降低癌症惡病質與降低副作用的效果。水溶性高的靈芝活性多醣與以高壓萃取的鱸魚蛋白所組合的配方產品，可以運用在預防生活習慣並和癌症輔助。

關鍵字：cancer (癌症)、*Ganoderma lucidum* (靈芝)、 β -1,3;1,6-glucan、metabolic syndrome (代謝症候群)、perch (鱸魚)、peptide (胜肽)。

Innovative products combining Ganoderma lucidum polysaccharides and perch protein for lifestyle medicine applications

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A Number of lifestyle diseases, including metabolic syndrome, cancer, and others, can be addressed using Chinese medicine-based health management tools, most often a healthy diet or health food. The innovative technology used to develop perch protein contains abundant collagen, branched chain amino acids and active peptides. Cellular experiments have shown it to be effective in suppressing metabolic syndrome and repairing muscle damage, and human studies have demonstrated that it can significantly increase body protein, improve muscular endurance, and lower blood pressure. The active polysaccharides of Ganoderma lucidum, developed using metabolic synthesis technology, contain 73% β -1 ' 3 ; 1 ' 6-glucan in a triple helix structure. This has been shown to inhibit metabolic syndrome, to have anti-inflammatory properties, and to inhibit the proliferation of colorectal cancer cells. In human experiments, it has been found that it can reduce the seriousness of cancer and the side effects. The formulated combination of highly soluble Ganoderma lucidum active polysaccharides and high-pressure extracted perch proteins has the potential to be used to be in the prevention of lifestyle diseases and as a cancer therapeutic aid.

Keywords : cancer, Ganoderma lucidum, β -1 ' 3 ; 1 ' 6-glucan, metabolic syndrome, perch, peptide

例行中醫醫美經絡調理策略促進美容專業的預期效果

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研究動機

專業的美容服務，是容貌良好的媒介。爲了讓我們擁有更好、更久的美容保養成果，採取相關的優勢調理策略，有絕對必要。

目的

中醫擅長「臟腑經絡」的調理思路，也具有「藥食同源」的飲食養生特色。本研究針對人們對美容的需求，特地結合中醫和現代醫學的知識和資源，包括利用經絡能量分析儀經絡測量，促使中醫更生活化，美容更多元化。

方法

研究對象：

針對在台灣中部某診所，關心自身身體膚質者，共 60 名。

執执行程序：

(1) 利用經絡能量分析儀 (MEAD) 測量肺經絡能量，(2) 針對肺經絡能量偏高者納入試驗，建議服用「綠豆水」550mL，早晚各一次，(3) 監測受試者兩側頸肩張力，每次以 550mL 寶特瓶空瓶拍打「巨骨穴」50 下，早晚各一次，(4) 於第 30 天、60 天、90 天以問卷評估結果。

其他暫略

結果

於 90 天，87% 降低保養頻率、花費；92% 提高反應效果、效果維持延長；85% 有益健康

結論

除了上夜班因素影響滿意度之外，任何美容專業服務項目，皆可考慮配套本中醫調理策略，並且考慮增加「肩井穴」拍打。

關鍵字：中醫、美容

Routine Chinese Medicine Cosmetologic Strategies related to Meridians can Promote Professional Beauty Care to Achieve the Desired Results.

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Research motivation

Professional beauty services play a crucial role in enhancing our appearance. To achieve better and longer-lasting beauty care results, it is essential to adopt effective conditioning strategies.

Purpose

Traditional Chinese medicine excels in regulating the “Viscera, Bowels, and Meridians.” Additionally, it follows the dietary health principle of “medicine and food come from the same source.” This study aims to combine the knowledge and resources of traditional Chinese medicine with modern medicine. Specifically, it utilizes meridian energy analysis to address people’s beauty needs, making traditional Chinese medicine more life-oriented and beauty care more diverse.

Methodology

1. Participants :

The study recruited 60 participants from a clinic in central Taiwan who expressed concerns about their skin and overall health.

2. Intervention :

The intervention consisted of the following components :

- (1) Measurement of lung meridian energy of participant using the Meridian Energy Analysis Device (MEAD).
- (2) Those participant with high lung meridian energy had be recruited in the trial that it is advised to take 550mL of "mung bean water" once in the morning and evening.
- (3) Monitor both sides of neck and shoulder tension of the participant, tap the " LI 16 Jugu Point" 50 times with an empty 550mL PET bottle once in the morning and once in the evening.
- (4) Evaluation of participant responses using questionnaires administered on days 30, 60, and 90.

Results

After 90 days, the intervention yielded the following outcomes :

- 87% of participants reported a reduction in the frequency and cost of beauty maintenance routines.
- 92% of participants reported improvements in their response to and the lasting effects of beauty treatments.
- 85% of participants reported an improvement in overall health.

Conclusion

This study suggests that the proposed TCM conditioning strategy, when combined with professional beauty services, holds promise for improving beauty care outcomes, skin health, and overall well-being. While factors such as night shifts may affect participant satisfaction, the results indicate broad potential for integrating this approach into various beauty regimens. And the group of night shifts may be treated by tapping "GB 21 Jianjing Point".

Keywords : Chinese medicine 、 Beauty care

探討大型語言模型在中醫國考中的潛力：GPT-4o 與 Gemini-pro、Claude Opus、Qwen Max 的通過率與表現分析

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本研究探討了大型語言模型 (LLMs) 在台灣中醫師國家考試中的表現。研究選取了四種主流 LLMs (GPT-4o、Gemini-1.5-pro、Claude 3 Opus 和 Qwen Max)，使用 2024 年 1 月台灣第一次中醫高等考試的題目進行測試。考試內容涵蓋基礎理論、臨床實踐和經典文獻。結果顯示，僅 Qwen-Max 通過兩階段考試，GPT-4o 表現接近及格線。LLMs 在中醫基礎理論、證治學和內科學等領域表現較佳，正確率普遍超過 60%；但在中醫經典典籍和圖片識別題目上表現欠佳，正確率大多低於 50%。研究還發現 LLMs 在特定題型下表現良好，如中醫基礎理論和內科學，可能與這些領域的知識結構和訓練數據有關。然而，在婦科、傷科等領域表現較弱，反映了訓練數據可能存在不均衡。研究結果揭示了 LLMs 在中醫知識應用上的潛力和局限，為未來 AI 在醫學教育、臨床決策支持和跨語言醫學知識轉換中的應用提供了重要參考。本研究也強調了在依賴 AI 輔助醫療決策時保持謹慎態度的必要性，並指出了未來研究方向。

關鍵字：大型語言模型、人工智慧、中醫、國家考試、醫學教育、臨床決策支持

Exploring the Potential of Large Language Models in Chinese Medicine National Examinations : An Analysis of Pass Rates and Performance with GPT-4o, Gemini-pro, Claude Opus, and Qwen Max

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This study explores the performance of large language models (LLMs) in the National Examination for Traditional Chinese Medicine Practitioners in Taiwan. Four mainstream LLMs (GPT-4o, Gemini-1.5-pro, Claude 3 Opus, and Qwen Max) were selected and tested using the questions from the January 2024 first Staged Senior Professional and Technical Examinations Regulations for Chinese Medicine Practitioners in Taiwan. The exam content covered fundamental theories, clinical practice, and the classics of Traditional Chinese Medicine. The results showed that only Qwen Max passed the two-stage exam, while GPT-4o performed close to the passing line. LLMs performed better in areas such as fundamental theories of Traditional Chinese Medicine, diagnostics and therapeutics, and internal medicine, with an accuracy rate generally exceeding 60%. However, their performance was poor in classics of Traditional Chinese Medicine and image recognition questions, with accuracy rates mostly below 50%. The study also found that LLMs performed well in specific question types, such as fundamental theories of Traditional Chinese Medicine and internal medicine, which may be related to the knowledge structure and training data in these fields. However, they performed weaker in areas such as gynecology and traumatology, reflecting possible imbalances in the training data. The results reveal the potential and limitations of LLMs in the application of Traditional Chinese Medicine knowledge, providing important references for the future application of AI in medical education, clinical decision support, and cross-language medical knowledge transfer. The study also emphasizes the necessity of maintaining a cautious attitude when relying on AI-assisted medical decisions and points out future research directions

Keywords : Large Language Models 、 Artificial Intelligence 、 Traditional Chinese Medicine 、 National Examination 、 Medical Education 、 Clinical Decision Support

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各國中醫執業法規暨發展現況 座談會

**Symposium on the Practice Laws and
Development Status of Traditional Chinese
Medicine in Various Countrie**

介紹美國和歐洲主要的中醫團體和機構 Introduction the main Associations in USA and Europe

美國皇家傳統東方醫學院／張瑋 教授

Emperor's College of Traditional Oriental Medicine Professor / Dr. Christine Chang

USA

1. ACAHM : Accreditation Commission for Acupuncture and Herbal Medicine.

全美針灸醫藥學校認證委員會

The nationally recognized accrediting agency of programs in acupuncture and East Asian Medicine (EAM) and institutions exclusively providing EAM-related programs.

2. NCCAOM : National Certification Commission For Acupuncture and Oriental Medicine. 全美針灸東方醫藥考試鑑定委員會

Established in 1982, NCCAOM is the only national organization that validates entry-level competency in the practice of acupuncture and herbal medicine (AHM) through professional certification. NCCAOM certification, or a passing score on the NCCAOM certification examinations, documents competency for licensure as an acupuncturist by 46 states plus the District of Columbia, representing 98 percent of the states that regulate acupuncture. NCCAOM handles certification and re-certification, NCCAOM exam development and continuing with our core values.

3. CCAHM : Council of Colleges of Acupuncture and Herbal Medicine.

全美針灸醫藥學校聯合總會

The National Council of Acupuncture Schools and Colleges (NCASC) was incorporated in 1982 to advance the standing of acupuncture and herbal medicine in the U.S. by promoting educational excellence within the field. The founders and early members of the Council were educators who understood that the integrity of any profession is directly dependent upon the quality of its educational system.

Accordingly, the Council created a separate accreditation commission to establish measurement standards for educational achievement with the goal of obtaining formal recognition and approval of those standards in the traditional higher education community. This commission became the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

4. ASA : American Society of Acupuncturists. 美國針灸師聯合會

The American Society of Acupuncturists (ASA) was formed in 2015 to advocate for and advance the professional and clinical practice of acupuncture and herbal medicine across the United States. As of 2021, 34 state associations are members of the ASA, representing more than 5,000 members across these state organizations.

5. NFCTCMO : National Federation of Chinese TCM Organizations 全美華裔中醫藥總會

Europe

1. ETCMA : European Traditional Chinese Medicine Association 歐州傳統中醫藥協會

The ETCMA promote a wider recognition and acceptance of TCM therapies by European government and the public by lobbying EU bodies and institutions.

2. AGTCM 德國中醫藥協會

The AGTCM is committed to improving healthcare in Germany through the integration of Chinese medicine. The AGTCM, as the most important professional association for Chinese medicine, has been pursuing this goal for more than 60 years.

3. TCM Kongress Rothenburg, o.d.t. 羅騰堡歐州傳統中醫藥代表大會

More than 50 years ago, we launched the TCM Kongress Rothenburg. Today, it brings around 1,200 participants from over 40 countries to Rothenburg ob der Tauber every year (and now also in front of their screens). Around 130 renowned speakers talk about the latest developments and exciting topics. More than 30 exhibitors present themselves and their products.

Others : in USA

American TCM Association (ATCMA) 全美中醫藥學會

Massachusetts Society of Traditional Chinese Medicine (MSTCM) 麻州中醫藥學會

Florida State Oriental Medical Association 佛州東方醫學協會

Florida Acupuncture Association 佛州針灸學會

Texas Association of Acupuncture and Oriental Medicine (TAAOM) ; 德克薩斯州針灸東方醫學協會

American Association of Chinese Medicine & Acupuncture (AACMA) 美國中醫公會

American TCM society 美國中醫藥針灸學會

United Alliance of NYS Licensed Acupuncturists 纽约州執照針灸師聯合公會

Washington Acupuncture and Eastern Medicine Association. 華盛頓州針灸東方醫學協會

Wisconsin Society of Acupuncturists (WISCA) 威州針灸師學會

Minnesota Chinese Medicine Association 明尼蘇達中醫協會

California State Oriental Medical Association 加州東方醫學協會

United Acupuncture Association (UAA) 聯合針灸中醫公會

American Alliance of Acupuncture 美國中醫針灸聯盟

加拿大中醫執業法規與發展

註冊高級中醫師，中醫博士，教授／李永洲

加拿大自 1867 年建國以來已逾 157 年，作為一個民主法制國家，採用聯邦制，分為 10 個省和 3 個特區。1984 年，加拿大實施全民醫療保險制度，使西醫成為主要醫療系統。早在 1885 年，隨著華工修建鐵路，加拿大便有華人醫生坐堂中藥鋪的記載。隨著華人移民的增加，以及西方醫療不能完全滿足民衆健康需求，因此尋求中醫和針灸的醫療選擇逐漸增加，而需要相應的立法規範來保護公衆健康權益。

健康醫療專業的立法由各省政府負責，制定不同醫療的執業規範。中醫主要包括針灸和中醫藥兩大治療領域，但目前針灸治療普遍受到民衆認同。全國有五個省對針灸執業有立法，其中三個省份涵蓋了中醫藥執業的規範。BC 省是最早中醫立法的省份，依據教育培訓課程設立不同執業級別的證書，包括高級中醫師、中醫師、針灸師和中草藥師。高級中醫師可以使用「Doctor」頭銜，執業範圍與中醫師相同。中醫師的執業範圍包括中醫診斷、針灸、推拿、正骨、拔罐等方法，以及中醫藥的處方和配藥。針灸師只能從事中醫診斷和針灸等治療，不得提供中醫藥服務。安大略省則設立了中醫師和針灸師兩個執業頭銜，高級中醫師的「Doctor」頭銜正在爭取中。

加拿大的全民健康保險主要覆蓋西醫服務，中醫藥和針灸治療不在支付範圍內。但針灸治療可以免除服務稅，也可獲得部分公司保險補助。中醫藥治療費用以及服務稅完全由患者承擔。

在中醫教育方面，全國有約 30 所中醫院校，其中安大略省有一所公立院校，BC 省的昆特蘭理工大學將提升開設中醫學位課程。其他大部分院校為私辦，入學要求各省不同。BC 省要求申請者具備兩年大學學歷，而其他省份則允許高中畢業生入學。完成培訓後，需參加全國統一考試，才能在所在省份註冊執業。

中醫執業法規是中醫發展的基礎，中醫專業團體是推展中醫的動力，中醫教育則是中醫發展的支柱。台灣中醫醫療專業的模式值得全球中醫界借鑒。

關鍵字：加拿大中醫、中醫執業法規、中醫發展、全民醫療保險、輔助療法、中醫教育、中醫專業團體、台灣中醫模式

Regulations and Development of Traditional Chinese Medicine in Canada

John Yung Chou Lee, Dr. TCM, Ph.D., Professor

The regulation and development of Traditional Chinese Medicine (TCM) in Canada have evolved significantly over time. Canada, established as a democratic and federated nation in 1867, implemented a Medicare in 1984. While this system primarily focuses on Western medicine, the demand for TCM, including acupuncture and herbal medicine, has grown alongside the increasing Chinese immigrant population and the limitations of Western medical in meeting all health needs.

In Canada, health professionals regulation falls under provincial jurisdiction, leading to varied approaches to TCM across provinces. TCM practice in Canada is mainly divided into two areas: acupuncture and Chinese herbal medicine. Currently, five provinces have legislated the practice of acupuncture, with three of these also including the regulation of herbal medicine. British Columbia (BC) was the first province to legislate TCM practice, issuing licenses for various TCM practitioners, including acupuncturists (R.Ac.), herbalists (R.TCM.H), Traditional Chinese Medicine Practitioners (R.TCM.P) and Doctor of TCM (Dr. TCM) , with different scopes of practice.

Despite the regulation, TCM services are not covered under Canada's Medicare, though acupuncture is partially reimbursed by supplementary insurance and in certain circumstances, such as low-income support in BC. The development of TCM in Canada is further supported by educational institutions, with nearly 30 TCM schools nationwide, though the level of education required varies by province.

This abstract highlights the importance of regulatory frameworks, professional organizations, and education in the development of TCM in Canada. The development model of TCM in Taiwan health services as a valuable experience for the global TCM community.

Keywords : Traditional Chinese Medicine (TCM) 、 Regulations, Development 、 Acupuncturist Herbalist 、 TCM Practitioner 、 Medicare 、 Western Medicine 、 Taiwan TCM Development Model

日本中医药发展现状

日本中医药学会／王晓明

本中医药的传承与发展，有悠久的历史，在中医药世界发展史中，做出了有价值的贡献。在中医临床诊疗体系方面，提出了“方证相对”理论，完善了中医腹诊体系。在中药方剂制剂方面，首先创立了汉方颗粒剂工艺。在针法方面，发明了“管针疗法”。在灸法方面，亦有其独特之处。

无论是医师独立处方的第Ⅰ類医薬品，还是市场销售的第Ⅱ類医薬品，都是以经方为主，特别是伤寒论的方剂，占有重要位置。原汁原味，经方是日本现代汉方临床的主流方剂。

在日本，(中国古典)经方，根据传承经验而未经临床实验，作为医疗保险药品被使用。近年来，日本东洋医学会发行了【科学使用汉方处方指南】，有关汉方与针灸的EBM数据库也在建立中。许多医科大学开设汉方专题讲座，药科大学设有汉方专业或讲座。

日本同中国，台湾及韩国的医疗制度不同，没有汉方师(中医师)，汉方处方权为医师独占。针灸方面，有10所大学设有针灸专业，有100余所针灸专门学校，毕业生经过国家考试合格后，取得国家认可的针灸师执照。其虽然仅有5种病症在医师同意的前提下，享受医疗保险，但法律容许个人开业，从事医疗行为的治疗。也就是说，在某种意义上，中医药的的部分进入了日本医疗的主流市场。我们中医师常将一现象称之为「废医存药」。

在日本，日常诊疗中，用中医辨证施治的医师很多。日本医学书院出版的《今日诊疗》中，专章论述汉方临床诊疗，详细介绍了临床的辨证要点，禁忌及注意事项等。

近年，日本重点资金投入，扶植具有国际领先水平的重点大学及学科的国家战略项目(简称COE)中，富山医科药科大学的「立足于东洋睿智，创新个性化医疗」被选中。该项目由临床，病理与药效解析基础研究与天然药物基础研究3部分构成。临床研究以风湿性关节炎，女性更年期症候群等疾患为突破口，对西医诊断的同一疾病、从汉方医学的角度进行亚群分类(类似于中国中西医结合的西医辨病，中医辨证方式)。目的是科学地阐明其交叉之处。关于病理·药效解析的基础研究，利用转基因动物进行汉方药的药效解析的基础研究。天然药物的基础研究，重点探索欧亚大陆东部的药用资源、构筑其数据库，通过DNA鉴定，科学评估天然药物的属种·规格。这一项目具有标志性意义。日本希望通过以点代面，促进西洋医学与东洋医学的融合，催生「个性化新診療体系」的问世。并以此为契机，推进以「東洋睿智」为基础的先端的临床·基础研究的人材培养和具有国际水准的传统医药学科教研基地的形成。

主题词：经方 颗粒剂 管针 灸法 方证相对 腹诊

Current Development Status of Traditional Chinese Medicine in Japan

Japanese Traditional Chinese Medicine Association / Wang xiaoming

The inheritance and development of Japanese traditional Chinese medicine have a long history and have made valuable contributions in the world history of traditional Chinese medicine. In terms of the clinical diagnosis and treatment system of traditional Chinese medicine, the theory of "Key and Key" has been proposed, which has improved the abdominal diagnosis system of traditional Chinese medicine. In terms of traditional Chinese medicine formula preparation, the Hanfang granule process was first established. In terms of acupuncture, the "Soft acupuncture" was invented. In terms of moxibustion, there are also unique features.

Keywords : Jingfang 、 Granule 、 Tube acupuncture and moxibustion, 、 Key and Key 、 Relative Abdominal Diagnosis

韓國韓醫執業與管理現狀

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國際東洋醫學會 副事務總長

目前世界上只有臺灣和韓國把傳統醫學列入國家級的保險給付，因此，兩者有許多值得參考和比較的項目，其中包含：健康保險概況、醫療政策、醫療法規、醫學教育及傳統醫學所面臨的問題，而這些絕非偶然形成的項目，與兩國的歷史背景和地理位置都有著密切的關係。

臺灣健保是「總額給付制度」(Global Budget)，只限定門診醫療，以就診人次(就診量)為主要指標。韓國健保是「論量給付制度」(Fee for service)，給付項目還包括住院治療及門診治療，及很多非健保給付的藥物及處置，也因為這些原因，兩國傳統醫學發展及法規有不同的發展面貌。

兩國雖然在制度面上有著許多差異，但也能異中求同，彼此學習、也彼此警示。如韓國有「韓藥師」可解決中藥調劑問題、「看護助理士」可解決診所半醫療半行政的工作、「院外湯煎室」解決了中藥安全性及便利性、「規格韓藥材」解決了中藥品質及物流過程的標準化、《韓醫藥育成法》給傳統醫學一個正式的法源依據、而國家有責任保護及投資傳統醫學，由此成為傳統醫學持續發展的強力後盾 -- 這都是臺灣所欽羨韓國的地方。

另一方面，韓國則羨慕臺灣的「科學中藥」可解決中藥的攜帶問題；在「西學中醫及中西醫雙執照」的制度下，雖仍有排斥中醫的西醫師，但態度不似韓國西醫那麼激進；在「中西醫會診制度」下，西醫會主動建議術後的癌症病人作中醫調養，以及鼓勵中風病人配合中醫針灸，縮短復健時間；又「臺灣中醫師大部份可使用西醫醫療儀器 EKG、X-RAY、驗大小便及血液常規檢查」有助於增加診斷正確率及提早幫病人健康把關題早轉西醫接受必要的開刀處置。

臺灣與韓國在傳統醫學上各有所長，若能各自取彼長、補己短，必能增進兩國民眾、甚至地球全人類的健康福祉。

關鍵字：韓國韓醫、韓醫藥育成法、韓醫藥紛爭、韓醫藥育成發展計劃、中醫藥發展法、臺灣中醫

The current status Korean medicine practice and management

Hung-Chiang Cheng

Currently, Taiwan and South Korea are the only two places that included traditional medicine in their national health insurance. Therefore, there are several items worth comparing, including the current situation of their health insurance systems, medical policies, medical legislations, medical education and the problems traditional medicine is facing. These items were picked and compared by the practitioners for very good reasons and were highly correlated with the historical and geographical backgrounds of the two places.

Due to the fact that the medical insurance system in Taiwan is embracing the “global budget” system, traditional medicine in Taiwan is evaluated based on a peculiar “number of patients” system. In the case for Korea, they adopted the “fee for service” system, which also includes not only inpatient and outpatient care, but also many other medication and care that aren’t covered by the national insurance. Given the reasons above, the development and the legislation of traditional medication in Taiwan and Korea has different looks today.

As of the researches in Taiwan and Korea, despite there are variances between the two systems, they can still seek common grounds while learning from each other and warn each other of possible mistakes. For instance, in Korea, there’s “traditional korean pharmacists” who are in charge of dispensing traditional drugs. “Traditional technicians” are able to assist the practitioners with some medical and administrative work. “Herbal medicine decoct center” improves the safety and convenience of brewing traditional medicine. “Standardized herbs” enhances the quality of the herb and the logistic process. “Korean Medicine and Pharmaceuticals Promotion Act ” gave traditional medicine a formal legal basis which stated that the country is responsible for protecting and investing in traditional medicine. The act is viewed as a firm support for the continuous development of traditional medicine. These are all the examples that Taiwan can learn from Korea.

On the other hand, Korea also admire some practices that’s widely seen in Taiwan. For example, the “concentration scientific herbal medicine” makes traditional medicine more traveler friendly. Thanks to the “western and traditional double license system”, even though there are still some western medicine practitioners who aren’t in favor of traditional medicine, their attitude toward traditional medicine is overall more positive than some practitioners in Korea. Under the “traditional and western clinic consultation system”, western medicine practitioners will give advice to their cancer patients to turn to traditional medicine for better convalescing after surgeries. Also, patients suffered from stroke may also be advised to seek assistance from acupuncture to recover more rapidly. Finally, most traditional medicine practitioners in Taiwan have access to western medical instruments such as EKG and X-ray. They can also conduct urine, stool and blood examination. These are all how they increase the accuracy of diagnosis and help transfer patients with certain diseases to western medicine institutions to receive necessary surgical treatments.

Both Taiwan and Korea have their strengths in traditional medicine. If the two places are able to learn from each other, it will surely promote the health and well-being for the people of the two nations and even all humanity on earth.

Keywords : Korean Medicine 、 Korean Medicine and Pharmaceuticals Promotion Act 、 Conflict between the Korean medicine doctors and the Pharmacists in Korea (herb conflict) 、 Chinese Medicine and Pharmacy Development Act. 、 Chinese Medicine



新馬中醫管理法規暨展望

The Development and Current Status of Traditional Chinese Medicine in Malaysia and Singapore

太醫院聯合門診中心總院長／張文開博士

President of the Joint Clinic of Tai E / Presenter: Dr. Teoh, Boon Khai.

The development of Traditional Chinese Medicine (TCM) in Malaysia began with the establishment of medical institutions, followed by the formation of private organizations, the initiation of undergraduate education, and the integration of TCM into government hospitals under the management of the Department of Traditional Medicine (DTM) within the Ministry of Health (MOH). The Ministry of Health of Malaysia has published regulations for traditional and complementary medicine in the country on its online platform, ensuring that relevant professions-including traditional Chinese medicine practitioners, traditional Malay medicine practitioners, traditional Indian medicine practitioners, homeopathy, naturopathy, and others-are included under the management of the DTM. The future development of TCM practitioners in Malaysia will focus on the advancement of solid and comprehensive medical education, excellent teacher training, and the promotion of scientific and technological Chinese medicine.

The early development of Chinese medicine in Singapore is somewhat similar to that of Malaysia. Records indicate that the demand for Chinese healthcare services grew significantly following the increase in Chinese immigration to Singapore starting in 1819. The development of Chinese medicine in Singapore reached a turning point in December 1999, when the Ministry of Health announced a transitional framework for the registration of acupuncturists. This interim law laid the foundation for the registration of Chinese medicine practitioners in Singapore at that time. The situation allowed for the exemption of TCM practitioners from examination and provided guidance for compliance with regulations and licensing standards. On November 14, 2000, the Traditional Chinese Medicine Practitioners Act was passed by the Singapore Parliament during its third reading. After the passage of this Act, Chinese medicine practitioners in Singapore were required to pass the Uniform Qualifying Examination before they could register as qualified Chinese medicine practitioners. In recent years, the development of TCM in Singapore has benefited from improvements in the political and social environment, as well as frequent exchanges with TCM practitioners from other Asian countries.

In 2004, Nanyang Technological University in Singapore and Beijing University of Chinese Medicine collaborated on a dual-degree project in Traditional Chinese Medicine. Nanyang Technological University is set to launch the country's first four-year bachelor's degree program in Chinese Medicine in 2024.

中國大陸中醫師執業規定與醫療機構設立經驗分享

張仲景文教基金會執行長
廈門張步桃紀念醫院董事長
張閔運中醫博士

此次要分享關於中國大陸中醫師資格證報考條件，台灣地區醫師在大陸短期行醫管理規定，在中國大陸開設中醫診所的條件，與在中國大陸醫療機構設立經驗分享等四項內容。

在報考中醫師資格證方面，需要滿足一系列條件，包括學歷背景、工作經驗、專業限制以及其他特殊要求。自 2009 年 3 月 1 日起，大陸爲了加強台灣地區醫師在大陸短期行醫的管理，根據《執業醫師法》、《醫療機構管理條例》等法律、法規，制定施行了二十一條台灣地區醫師在大陸短期行醫管理規定。在中國大陸開設中醫診所需要滿足一系列條件和手續，包括人員要求、場地和設備要求、審批與登記和管理制度和品牌建設，以確保診所能夠合法運營並提供專業的中醫服務。最後則是分享在中國大陸設立醫療機構的經驗。

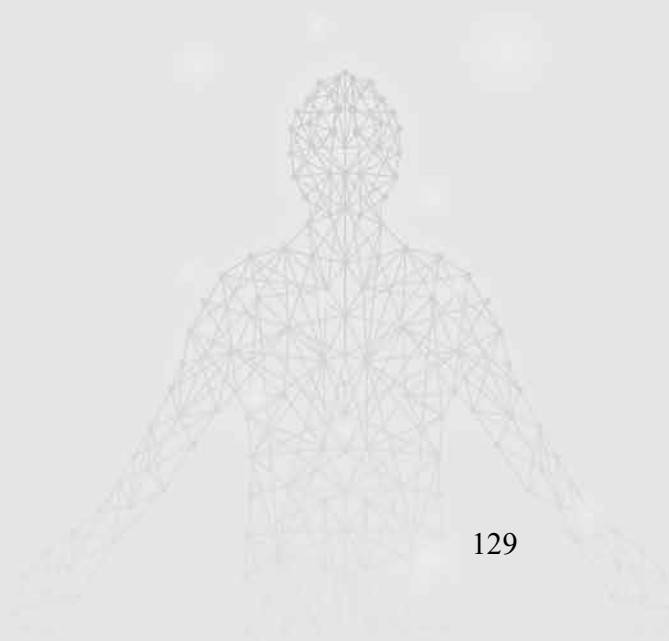
Chinese Mainland TCM practitioners regulations and medical institutions to share experience

Xiamen Zhang bu tao Memorial Hospital / Dr. Chang Hung-Yun

This time I want to share the requirements for applying for the Chinese Medicine Practitioner Qualification Certificate in Mainland China, the regulations on the management of short-term medical practice by Taiwanese doctors in the Mainland, and the conditions for opening a traditional Chinese medicine clinic in Mainland China. and sharing experience in setting up medical institutions in mainland China.

When applying for the Traditional Chinese Medicine Practitioner Qualification Certificate, you need to meet a series of conditions, including academic background, work experience, professional restrictions and other special requirements. Since March 1, 2009, in order to strengthen the management of Taiwanese doctors practicing medicine on the mainland for a short period of time, the mainland has formulated and implemented Twenty-one Taiwan Region Regulations in accordance with the "Law of Practicing Physicians", the "Regulations on the Management of Medical Institutions" and other laws and regulations. Regulations on the management of short-term medical practice by doctors in mainland China. Opening a TCM clinic in mainland China requires meeting a series of conditions and procedures, including personnel requirements, site and equipment requirements, approval and registration and management systems, and brand building to ensure that the clinic can operate legally and provide professional TCM services. Finally, we share our experience in setting up medical institutions in mainland China.

論文



原發性腦癌在中西醫結合的全人醫療

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摘要

原發性腦癌的病因尚不清楚，其惡性程度高、預後差，也缺乏預防方法，目前西醫以手術、放射線、化學藥物、標靶治療，但卻無法避免復發。原發性腦癌早期沒有明顯症狀，但後續因腫塊壓迫效應則有各種複雜症狀，或因手術、放療化療引起顱內血腫、水腫、發炎，腦壓急遽上升或損傷腦組織，往往都危及生命，若僅以傳統中醫「辨證論治」，顯然也不足以因應。

本文七例原發性腦癌 Anaplastic oligodendroglioma 2 位、Anaplastic Astrocytoma (WHO grade 3) 2 位，GBM (who grade 4) 3 位，七位皆高度惡性，經西醫治療後，都有不同程度的副作用和腦損傷，和復發病史。患者尋求中醫介入治療後，療程持續最短 3 個月，最長 42 個月，並持續在醫學中心診察追蹤，結果：據醫院之 (MRI、CT) 影像和病理報告顯示：7 例中 5 例穩定無復發，PFS (無惡化存活期) 43~14 個月，並持續延長中；其餘 2 例在終止中醫治療後大約一年左右後皆復發，但其中 1 例恢復中醫治療後，目前 PFS 已達 10 個月未再復發。

本文「三治、三陣、十三法」：三治為：一、扶正祛邪，病傷同「治」；二、位性形勢，辨證論「治」。三、靈性關懷，全人醫「治」；三陣十三法為：一、本態，熱毒瘀痰濕，邪正爭，主用「清熱、活血、利濕、化痰」法；二、虛實夾雜，三焦失司，亢害增，主用「和解、通降、攻毒、補養、瀉下」法；三、虛損邪伏，全人俱病，神失養，主用「滋養、鎮定、開竅、散結」法，據此互用合用，擬議為中西醫結合治療與「全人醫療」的實證研究的進路，而全人醫療在中醫，係源自《易經》之太極，是求「大而無外，小而無內」每一個維度「致中和」，亦即「保合太和」以期能贊育生命之道。

關鍵字：原發性腦癌、GBM、中西醫結合、全人醫療、太極、太和

壹、前言

一、原發性腦癌的定義

腦癌可分為原發性與繼發性，原發性腦癌是指起源於大腦組織，或大腦周圍環境的惡性 (malignant) 腫瘤^[1]，繼發性腦癌亦即「腦轉移」，是指身體其他部位的惡性腫瘤經血液擴散到腦部，常見維肺癌、乳癌出現的腦轉移。原發性腦部惡性腫瘤最常見的是腦膠質瘤 (glioma)，佔 80%^[2]，一般以原發的腦細胞命名，如星形膠質瘤 (Astrocytoma)，即是源自星形細胞病變而成；膠質母細胞瘤 (glioblastoma)，又稱多形性膠質母細胞瘤 (glioblast-oma multiforme，GBM)。膠質瘤 (Glioma) 級別越高，惡性程度越高，預後越差，而 GBM 是最常見，生長快速，最具侵襲性、最惡性的腦癌。

然而，就臨床醫師而言，即使是惡性低的腦癌，即或是腦部的良性腫瘤，只要腫瘤病位發生於腦部的生命功能區而影響生命功能，即使分級低，甚至不含癌細胞，在臨床治療上都應視為惡性。

二、原發性腦癌的發生與死亡率劇增

衛生福利部統計：2023 年惡性腫瘤已連續蟬聯 42 年十大死因首位，而近來來每年罹患原發性腦癌，發生的人數與死亡人數不斷攀升，^[3] 2009~2011 年癌症登記年報，台灣初次被診斷為原發性腦癌 (fresh case) 每年發生人數【577~734】位，死亡人數【455~516】位，相對於十年後的最新癌症統計，2019~2021 年發生增加為【718~756】人，死亡人數持續上升為【530~641】位。^[4] 年齡層也逐漸降低。其中惡性腦癌中，以腦膠質瘤 (gliomas) 為最多，其中又以多形性神經膠母細胞瘤 (glioblastoma multiforme) 人數最多，也最惡性屬 WHO grade 4。美國腦腫瘤學會指出 50% 腦膠質瘤 (gliomas) 都是最惡性的 glioblastomas (GBM)，^[5] 台灣 GBM 則佔 38.82~40.74% 相類似。

三、原發性腦癌的西醫治療仍在瓶頸

原發性腦癌病因尚不明，但惡性高、預後不佳，亦缺乏預防之法，目前西醫以手術切除、放射線、化學藥物、標靶療效不佳，患者生命受到極大威脅。

國外流行病學研究，膠質母細胞瘤患者的中位生存期為【12 個月】；^[6] 國內專家學者臨床觀察也有類似狀況，如臺北榮總醫院神經外科，陳敏雄醫師在《腦瘤治療準則》^[7] 指出：「國內每年有超過一千人死於腦癌，即使經過開刀和放療，還是有八成的患者會在病發後的一年內死亡」；三軍總醫院神經外科，馬辛一博士：「每年新病人，超過三分之二皆往生。不論多努力治療，其一年存活率也不到三分之一」，而僥倖存活者還可能面臨嚴重後遺症包括如「癱瘓、殘障、失能、甚至腦殘、植物人」等風險等等。^[8] 長庚醫學中心，魏國珍醫師：「原發性腦癌平均存活期僅有【14~16 個】月，主要原因是腦瘤細胞具有詭譎多變的異質特性，其強大基因自我修復能力」，^[9] 以至於仍然無法避免腦癌復發，而若一再重複西醫的治療方法，重複手術、放療、化療，終將束手無策，回天乏術。

四、中醫結合突破西醫治療困境

目前西醫治療是大多僅能短時間控制病情，因為【手術】治療不一定可以完全切除腫瘤；【放療】不一定可以縮小腫瘤、減輕症狀、延緩腫瘤生長速度；【化療】僅對 20% 有效，而且對存活率上無顯著成效，僅能延長疾病的進展，尤其無法改善先前腫瘤佔位性效應 (mass effect) 已損傷的神經功能，而在治療過程中更無可避免造成多樣性副作用。值此醫療困局，本文以中醫介入治療，期盼能「增效減副」、「治療兼調理」、「病傷同治」的目標，並期望在實證醫學、精準醫學的基礎上，透過中西醫結合作為臨床醫療的進路。

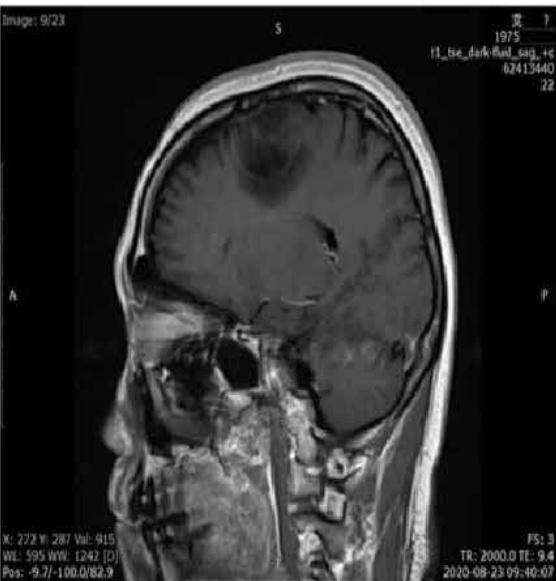
貳、臨床案例研究

一、患者來源：

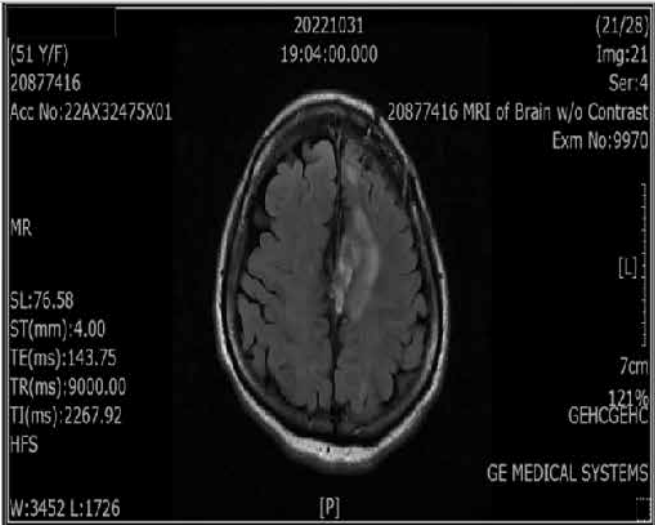
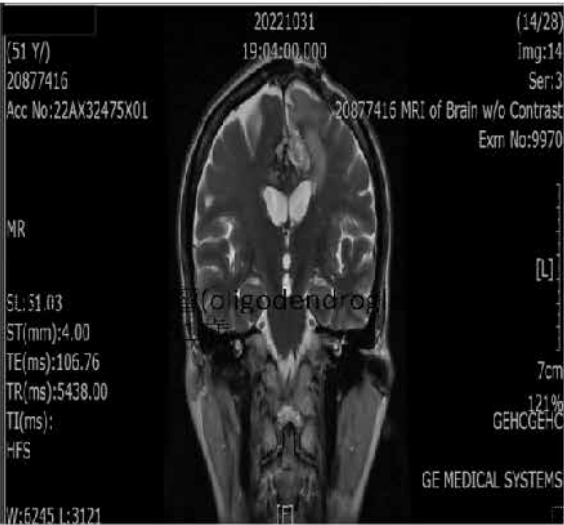
從 109 年 11 月起到 112 年 5 月一年半的期間內，在聯合診所的中醫門診中，來自各醫院，或醫學中心的腦癌患者，本文已排除「續發性」腦癌與良性腦瘤，篩選出 GBM 3 位、AA (Anaplastic Astrocytoma) 2 位、AA (Anaplastic oligodendroglioma) 2 位，總共七例。如圖：



案例1. Anaplastic Astrocytoma—女(45歲) WHO GRADE3

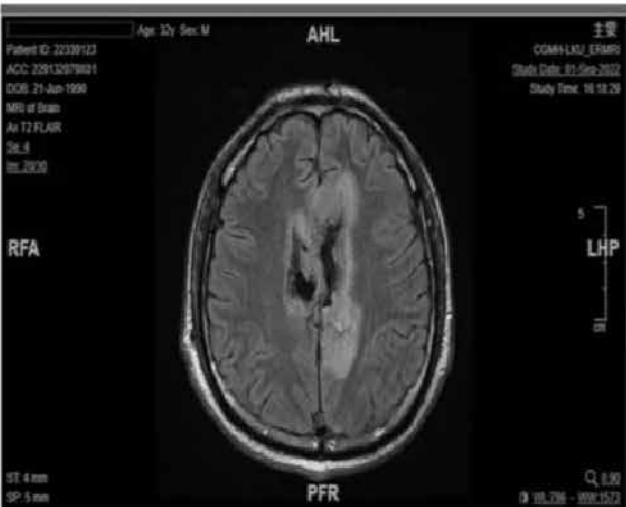
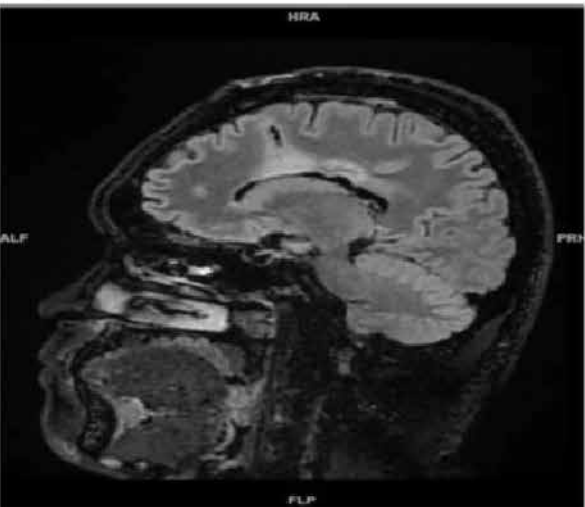


案例2. Anaplastic Oligodendroglioma—女(51歲) WHO GRADE 3

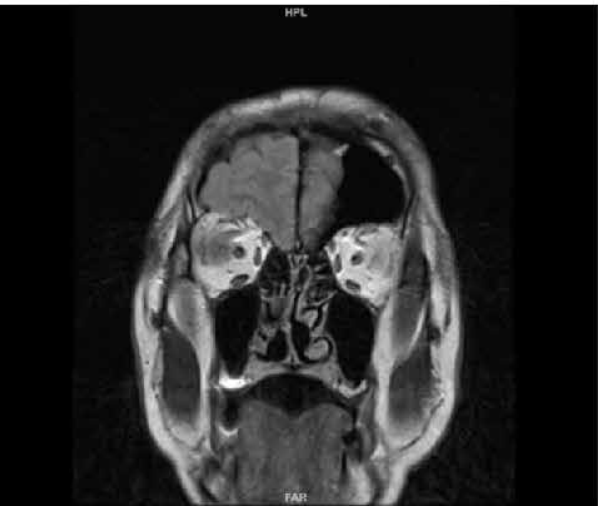




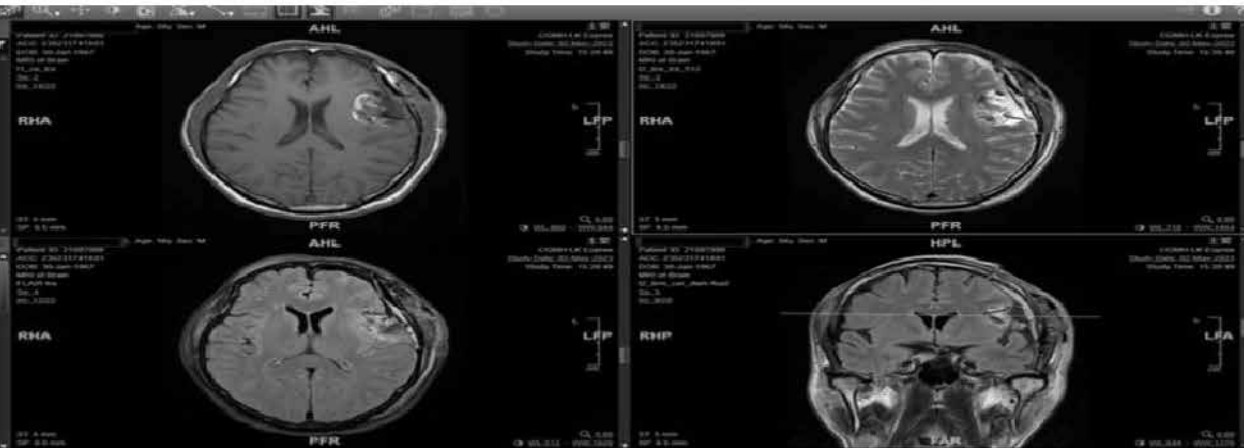
案例5:GBM-男(32歲) WHO GRADE 4



案例6:AO(anaplastic oligodendroglioma)
男(43歲) -WHO Grade 3



案例7:AO(Anaplastic Astrocytoma)
男(56歲) WHO GRADE 3



二、評估指標：

PFS (Progression Free Survival，無惡化存活期)；醫學影像 MRI、CT、MRS (spectroscopy)；免疫指標 ki-67、p53、NLR；身體生理功能 Karnofsky (Performance Scale)、MRS (Modified Rankin Scale) 等。

三、中西醫結合之診療紀錄：

本文七位原發性腦癌之分類與分級：為 Anaplastic oligodendroglioma、Anaplastic Astrocytoma，WHO grade 3，共 4 位，GBM，WHO grade 4，3 位，皆屬高度惡性，經西醫治療後，已有不同程度的副作用和腦損傷，腦癌復發次數者 2~4 次。患者尋求中醫介入治療，並持續在醫學中心診察或追蹤，持續最短 3 個月，最長 42 個月。

臨床症狀：七例在門診診察中，表現不同程度的神經症狀，如癲癇、頭痛、幻覺、視覺模糊、耳鳴、感覺異常 (全身蟻行爬行感) 或空間感異常；運動功能障礙；噁心嘔吐、睡眠障礙、焦慮等。

原發性腦癌七案例中西醫結合的診斷與中西治療記錄如下簡表：

原發性腦癌-中西結合治療【七例】之記錄簡表										製表：黃其傑醫師 2024.8.15	
姓名	性別 年齡	病名 診斷	WHO 級別	西醫			中醫	評估			
				確診	醫院	治療	初診/末診	影像	PSF	KI-67	
1.余○○	女 45 歲	AA	3	109.09.07	彰基醫院		109.11.26	無復發	42 月	12	
		109.11.04		台北榮總	手術	持續回診					
2.張○○	女 51 歲	AO	3	111.06.08	南京醫院	手術	111.08.18	無	20 月	5	
				112.02.07	中國醫大	手術	持續回診				
3.王○○	男 52 歲	GBM	4	106.05.17	林口長庚	手術	111.11.03	無復發	18 月	20	
				107.05.	(復發)	化療					
				108.08.27	(復發)	放療					
				109.6.11	(復發)	手術共 4 次 癌思停	持續回診				
4.洪○○	男 28 歲	GBM	4	111.6.17	台北榮總	手術	111.11.16	無復發	18 月	35	
				111.09.14		放療					
				112.09.01		締盟多	持續回診				
5.陳○○	男 32 歲	GBM	4	111.03.08	林口長庚	手術	111.10.27	復發	6 月	35	
				111.06.01	(復發)	手術第 2 次	112.03.25				
				112.06.01	(復發)	Avastin	未回診				
6.黃○○	男 43 歲	AO	3	111.9.12	市立安南	手術	111.10.24	復發	12 月	15	
				111.09.13	高雄長庚	手術	112.01.14				
				112.10.06	(復發)	手術第 2 次	停止回診 復發回診		10 月		
7.徐○○	男 56 歲	AA	3	112.03.17	聖保祿		112.05.16	無復發	14 月	4	
				112.05.02	林口長庚	手術	持續回診				
1.患者排序：按中醫介入治療的日期排序，目前仍持續；第 5、6 例在 6 與 3 個月後停止中醫後復發。											
2.診斷：AA：Anaplastic astrocytoma；AO：Anaplastic oligodendroglioma；GBM：Glioblastoma multiforme											
3.評估：醫學影像(CT、MRI)與無惡化存活期（PFS,Progression Free Survival）評估：113 年 6 月 30 日											

四、中醫治療方法

本文提出「三治、三陣、十三法」的臨床治療經驗。

一、三大治則為：

- (一)、扶正祛邪，「病傷同治」：「病傷同治」是兼顧腦癌的「病」與西醫治療後身體的「傷」。《內經》：「邪之所湊，其氣必虛」。《靈樞·百病始生篇》：「壯人無積，虛則有之」。腦癌從中醫辨證有熱毒、血瘀、濕聚、痰結、氣阻等，皆與正虛並存，互為因果，形成惡性循環，故使癌症不易治愈。《內經·刺法論》中「正氣存內，邪不可干」，《孫子兵法》：「先為不可勝，以待敵之可勝」，所以先顧正氣，以求不敗，再求可勝，祛邪必先扶正，尤其治療癌病，必須兼顧因病或醫源性的損傷。
- (二)、辨證論治，「位性形勢」：辯證論的根基，重視「位性形勢」是關注腦癌的「位」，顧內位置，腫塊佔位效應，腦癌腫塊大於 2 公分，症狀就相當明顯，而若位於腦幹生命中枢，更是性命攸關；「性」是惡性程度，病理性的壞死，或血管新生，腦癌通常在 >0.2 公分因癌細胞供血、供氧之需求，往往產生血管新生；「形」，病已成形，腫瘤細胞的型態、大小，說明癌病已由「正虛、邪實，久蘊」而病致「形質」；病「勢」即趨勢，癌細胞增殖、轉移、凋亡。
- (三)、靈性關懷，全人醫治：腦癌不僅是腦組織細胞實質的身體病變，更已深涉「精、氣、神、形」的全人俱病，從中醫看「全人」應取法《易經》之太極對人「大而無外，小而無內」的維度論述，若能從臨床關注「全人」的每一個維度，從「太極」到達「太和」而「致中和」，方為「保合太和」的天人合一，贊育生命之道，中醫之全人觀，係屬太極之無限維度，本文為求臨床實務，採用「全人」的「靈性五我」模式 - 即「自我 (靈魂體, I-Self)、人我 (I-You)、物我 (I-It)、靈我 (I-Spirit) 與神我 (I-God) 五個維度，採用《2023 CYCU-GSR- 全人健康 - 靈性評估表》，為患者進行靈性健康的分析。^[10]

二、方藥三態陣法

三陣即腦癌呈現的三種樣態證型，所謂「臨證如臨陣，用藥如用兵」，師法《景岳八陣》：「古方之散列於諸家者，--- 今余採其要者，類為八陣，曰補、和、攻、散、寒、熱、固、因」，又云「藥不執方，合宜而用，此方之不必有也。方以立法，法以制宜，此方之不可無也。夫方之善者，得其宜也。得其宜者，可為法也。方之不善者，失其宜也。失其宜者，可為鑑也」，歸納腦癌三種樣態進程之用藥陣法：

- (一)、本態，熱毒瘀痰濕，邪正爭。用「清熱、活血、利濕、化痰」法為主；
- (二)、虛實夾雜，亢害增，三焦失司。用「和解、通降、攻毒、補養、瀉下」法為主；
- (三)、虛損邪伏，神失養，全人俱病。用「滋養、鎮定、開竅、散結」法為主。據此十三法，互用、合用、活用。

三、十三法：取法育生方與腦癌的中醫的專利處方^[11]

(一)、第一階段：腦癌本態：熱毒瘀痰，邪正爭：

1. 清熱解毒：藥如：黃芩、黃連、黃柏 8-30 (單位：錢)、龍膽草、蒲公英、苦參；方如：黃連解毒、免疫過亢方。

2. 活血化瘀：藥如：乳香、沒藥、桃仁、赤芍、川芎、丹參 8-20、續斷 8-30、碎補 8-30、懷牛膝 8-20、丹皮 8-20、地龍 3-8、水蛭 1-5、地鼈 1-5、川七 1-5 (單位：錢)；方如：乳沒四物、通經方。
3. 利水：藥如：白朮 3-10、蒼朮 3-10、茯苓 8-30、澤瀉 8-20、豬苓 5-20、車前子 8 (單位：錢)；方如：五苓散、八正散。
4. 化痰：藥如：半夏 3-10、陳皮 3-10、萊菔子、竹茹、括蕒仁；方如：二陳湯、溫膽湯。(單位：錢)

(二)、第二階段：虛實夾雜，亢害增，三焦失司

1. 和解：柴胡、白芍、枳殼、黃芩，和解疏肝。方如小柴胡、聖愈湯。
2. 通降：大黃、柴胡、枳實；方如大柴芩湯，以通降腦壓。
3. 攻毒：直攻癌毒：全蠍、蜈蚣、斑蝥、雄黃。方如：黑神丹、化毒丸、萬靈丹 24-84 顆。
4. 補氣血：方如：聖愈湯、補中益氣、八珍湯、十全大補湯；補陽：乾薑 1-10、附子 1-10、肉桂 1-10，方如：四逆輩。補脾胃：香砂六君，補腎：杜仲 5-20、熟地 5-50、山茱萸 5-20、何首烏 5-20 (單位：錢)，方如腎氣、右歸飲 (丸)。
5. 瀉下通腑：大黃 1-10、芒硝 1-10 (單位：錢)，方如承氣輩。(單位：錢)，此意在調節全身腔室之平衡，腦癌雖病在「顱腔」，若病證見於「胸腔」則主用大柴、柴芩湯法；病證積「腹腔」則主用大黃、承氣湯；病證淤塞「骨盆腔」- 則主用抵擋、五苓湯法。

(三)、第三階段：虛損邪伏，神失養，全人俱病

1. 滋陰滋養：青蒿、知母、地骨皮、二冬，方如：知柏地黃。
2. 鎮定：龍骨 5-20、牡蠣 5-20、代赭石 5-20。(單位：錢)；柴胡、白芍、甘草、大棗、懷牛膝。方如建瓴湯。
3. 開竅開闔：少陽司開闔：疏理肝氣調達：柴胡 3-6、白芍 3-10、香附 3-5。(單位：錢)。開竅法之溫開：用麻黃、遠志、石菖蒲；涼開法，牛黃，地龍。
4. 散結法：牡蠣、鱉甲、昆布、海藻；山慈姑、夏枯草、僵蠶、海蛤殼和浮海石。

五、治療結果：

- (一)、復發與無惡化存活期：七例中五例穩定無復發 (以醫學中心之 MRI 等影像追蹤顯示病灶區穩定，並經病理報告確定未復發)，PFS：43~14 個月，並持續延長中；其餘兩例 (GBM 與 AA 各一例) 在患者自行終止中醫治療後，大約一年左右後皆復發，但其中一例 (AA) 復發後再繼續中醫治療，目前未再復發。
- (二)、PFS 呈現：兩例 AA，(第 1 案例) 的 PSF 已達 42 月 (109 年到 112 年治療過程參見 2022 期刊)^[12]、(第 7 案例) 14 個月；另兩例 GBM (第 3、4 案例) 中醫治療持續 18 個月，PFS 已達 18 月 (第 3 例，因四次手術，一年存活率僅 28%，111 年到 112 年治療過程參見 2023 期刊)^[13]；另一例 GBM 在終止中醫治療後大約一年後復發。AO (第 2 例) PFS 已達 20 月；以上五例未復發。另一位 AO (第 6 例) 在終止中醫治療後大約一年後復發，恢復中醫治療後，目前 PFS 已達 10 個月未再復發。

台灣癌症臨床研究發展基金：「惡性腦瘤病人手術後存活率往往無法超過五年，再生不良星狀細胞瘤 (anaplastic astrocytomas) 患者的平均存活期間僅約為【三年】，神經膠母細胞瘤 (glioblastomas) 患者的平均存活時間則只有約【12 到 18 個月】。[14] 本文採用 PFS (無惡化存活期) 以體現患這病況穩定，第 1 例 AA 的無惡化存活期分別已達 42 個月、第 7 例 AA 14 個月，仍在增加中；兩例 GBM (第 3、4 例) 分別已達 18 個月，並且正常生活，超出台灣癌症臨床研究發展基金 GBM「18 個月」生存期。

本文第三例之 GBM 患者已經歷四次開顱手術，根據 [15]2003 年，美國加利福尼亞大學神經病理學研究：一年存活率 僅有 28%，說明 GBM 的存活期與手術後的身體生理功能卡氏評分 (KPS) 和年齡有關，GBM 患者存活期的三個中位數，依據、年齡和療法分析，如下：

《美國加利福尼亞大學神經病理學 GBM 存活期中位數表》					
級別	定義	存活時間： 中位數 (月)	一年存 活率	三年存 活率	五年存 活率
III	50 歲以下，卡氏評分 ≥ 90	17.1 個月	70%	20%	14%
IV	50 歲以下，卡氏評分 < 90	11.2 個月	46%	7%	4%
	50 歲以上，卡氏評分 ≥ 70 ，手術切除，神經功能良好				
V+VI	50 歲以上，卡氏評分 ≥ 70 ，手術切除，神經功能不良	7.5 個月	28%	1%	0%
	50 歲以上，卡氏評分 ≥ 70 ，無手術				
	50 歲以上，卡氏評分 < 70				

林口長庚醫學中心對患者手術後評估其預後：「僅約有 3 個月，最多不超過 6 個月的存活期」，但經中西醫結合治療與照護，PFS 無惡化存活已延續到 18 個月。

(三)、身體功能狀態 (Performance Status)：六例良好，生活已足自理與工作，僅一例從病發到惡化為 GBM 為期 6 年，因重複共四次手術損傷過重，Karnofsky：40-30，MRS：4，但活動已見改善，肌力從 0 到 2，NLR 4.13，降為 (2.8-1.62)。(此案例治療程，請參考 2023 年中西醫結合神經醫學會年會論文)。^[13]

本文七例，經中醫介入治療，療程 42 個月~6 月，可顯示中西醫結合治療，對原發性腦癌治療在對於腫瘤復發、無惡化存活 (PFS) 與神經症狀，或因手術放療、化療、標靶治療之副作用，或對腦組織與神經免疫等多系統損傷之修復，皆有改善與穩定的效果。

參、結論

本文揭櫫原發性腦癌在西醫「微觀實證」、在中醫「宏觀辨證」、與在「全人」醫療，靈性觀照，在臨床治療實務，提出一、扶正祛邪，病傷同治；二、辨證論治，位性形勢。三、靈性關懷，全人醫治；以中醫方藥三陣十三法「清、活、利、化；和、通、攻、補、瀉；滋、鎮、開、散」，在臨床七個原發性腦癌案例上的實效，經醫學中心檢查與檢驗的指標評估，呈現中西結合的治療成效，作為原發性腦癌在全人醫療的建言。

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Holistic treatment of primary brain cancer Integrating Traditional Chinese and Western medicine

Dr. Huang Yiech Chieh

The etiology of primary brain cancer is still unknown, its malignancy is high, its prognosis is poor, and there is a lack of preventive methods. Currently, Western medicine treats it with surgery, radiation, chemical drugs, and targeted therapy, but it is impossible to avoid recurrence. Primary brain cancer does not have obvious symptoms in the early stage, but later on, due to the “mass effect” of the tumor, there are various complicated symptoms, or due to intracranial hematoma, edema, inflammation, rapid increase “intracranial pressure”, or injury to brain tissues caused by surgery, radiotherapy, and chemotherapy, which are often life-threatening, and are obviously insufficient to cope with them if only the “Pattern Identification or Syndrome Differentiation and Treatment” of traditional Chinese medicine is used.

In this paper, we present seven cases of primary brain cancer : two cases of Anaplastic oligodendroglioma, two cases of Anaplastic Astrocytoma (WHO grade 3), and three cases of GBM (WHO grade 4), all of which were highly malignant. After treatment with Western medicine, all of them suffered from different degrees of side effects and brain damage, as well as a history of recurrence of the disease. After the patients sought Chinese medicine therapy, the treatment lasted for a minimum of 3 months and a maximum of 42 months, and continued to be followed up at the Medical Center. Results : According to the hospital's (MRI, CT) imaging and pathology reports, 5 of the 7 cases were stable and relapse-free, with a PFS (progression free survival) of 43-14 months, which continued to be prolonged ; the remaining 2 cases relapsed about one year after termination of Chinese medicine therapy, but 1 case relapsed after resumption of Chinese medicine therapy, and 1 case had a history of recurrence after resumption of Chinese medicine therapy. The other two cases relapsed about one year after discontinuation of Chinese medicine treatment, but one of them has not relapsed for 10 months after resumption of Chinese medicine treatment.

In this paper, there are three treatments, three phases and thirteen methods : the three treatments. The proposed approach is a combination of Chinese and Western medicine and the empirical study of “holistic medicine”. In Chinese medicine, holistic medicine originates from the Tai Chi of the I Ching, which seeks to “achieve neutrality and harmony” in every dimension, i.e., “to attain to a state of equilibrium and harmony”, in order to support the way of life.

Keywords : primary brain cancer 、 GBM 、 Chinese and Western medicine 、 holistic medicine 、 taiji, taihe

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焦慮失眠與免疫內分泌中醫治療思路

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摘要

臨床多年經驗，發現各種內分泌失調、慢性病、高血壓、糖尿病、身體免疫系統紊亂、甚至癌症患者，歸根結底，跟焦慮，失眠或情緒性問題，有非常密切的相關。同時經由目前許多國外期刊的研究，也證明以上的想法。因此本文重點表述有以下幾點：

第一章：五篇國外期刊研究，都證明大腦與身體的慢性發炎、心血管疾病、免疫性疾病、甚至癌症等都有直接相關。

第二章：睡眠由慢波以及快波兩種波形結合，兩種波的睡眠各有其功能。

第三章：各種睡眠障礙在臨床上所代表的意義。

第四章：目前西醫藥物，針對睡眠障礙的功能以及侷限性。

第五章：中醫治療以陰平陽秘為期，經由協調焦慮亢奮以及虛衰的過程中，可以穩定自律神經以及睡眠。

第六章：最後在臨床上，舉幾個臨床案例討論，當睡眠改善後，患者的免疫性疾病，以及慢性病等，都同時得到良好的調整，來做文章結尾。

關鍵字：失眠、自律神經失調、睡眠與免疫系統、睡眠與內分泌系統、睡眠與慢性發炎、入眠障礙、眠淺多夢

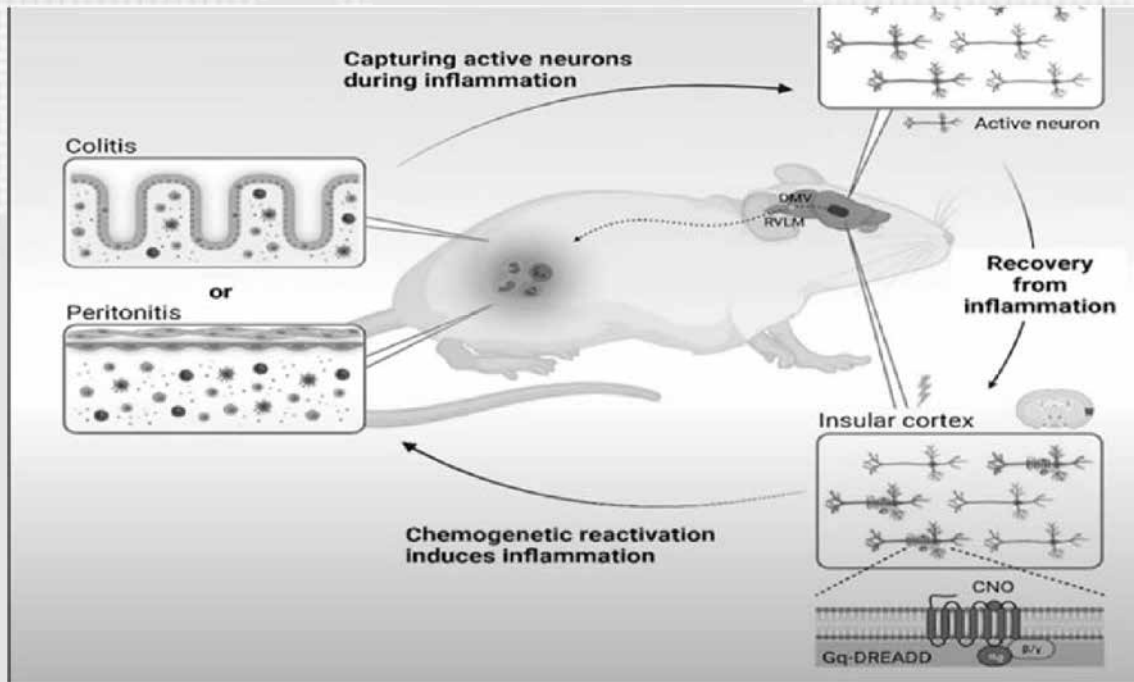
前言

衛福部食藥署 2021 年 8 月 13 發表：我國每年安眠藥的使用量約為 3 億 2 千 7 百萬粒安眠藥，排起來長度達 327 公里，相當於中山高速公路的總長，呼籲民眾若有睡眠障礙，應先找睡眠或是精神科醫師就診找出病因，而不是依賴安眠藥。我們的確應該正視失眠問題。

第一章：5 份期刊研究，說明大腦與慢性病、免疫性疾病、發炎反應、或是癌症等等的相關研究。

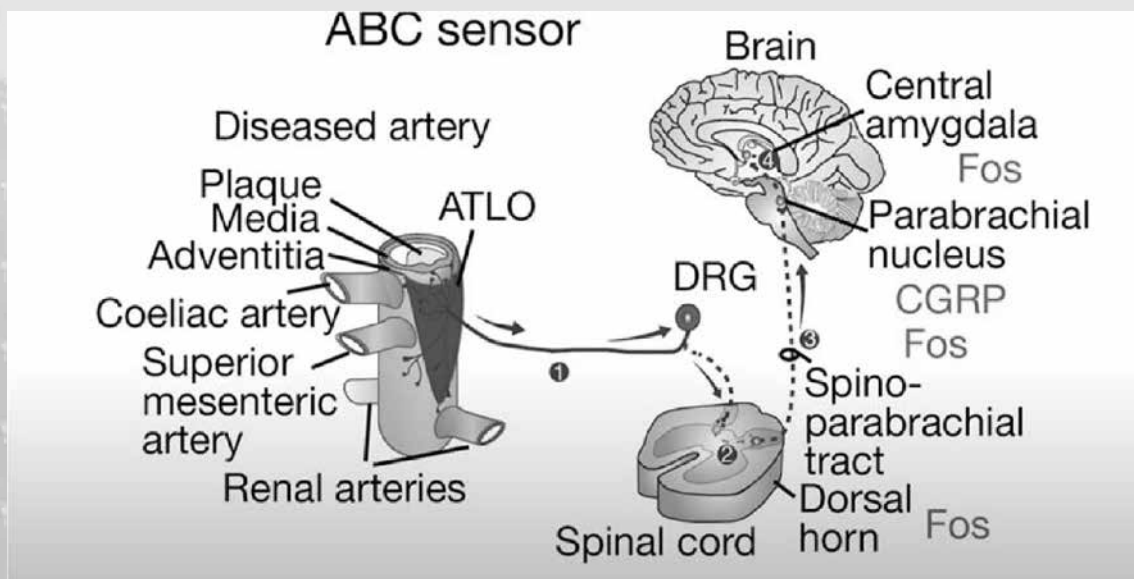
一、2022 年 6 月 8 日，美國哈佛大學霍華德休斯醫學院細胞和分子生物學系的 Catherine Dulac 教授研究團隊在《Nature》上發表了文章“A preoptic neuronal population controls fever and appetite during sickness”（視前神經元群控制疾病發生期間的發燒症狀和食欲不振）。他們找出產生發燒症狀的神經元，並確定了該神經元對病人行為的影響，該發現對大腦應對感染的機制提供新的見解。Nature 雜誌中發表：只要刺激下視丘特定區域（VMPO 下視丘腹側內側視前區），小白鼠即使體內沒有病毒感染，也可以引發發燒或食慾不振等現象。可見大腦控制發炎反應^[1]。

二、2021 cell 雜誌發表：越來越多的證據表明大腦調節外周免疫，我們證明大腦的島狀皮層（InsCtx）brain's insular cortex 存儲與免疫相關的信息（如圖一）。推測小鼠只要腸道曾經發炎，大腦會保有免疫系統活動的記憶。實驗中發炎過後的小鼠，只要刺激腦皮質活化同一群神經細胞，就可以重現發炎反應。代表免疫反應可以被記憶。以上兩篇論文證明了，刺激大腦特定部位，容易引起身體發炎反應^[2]。

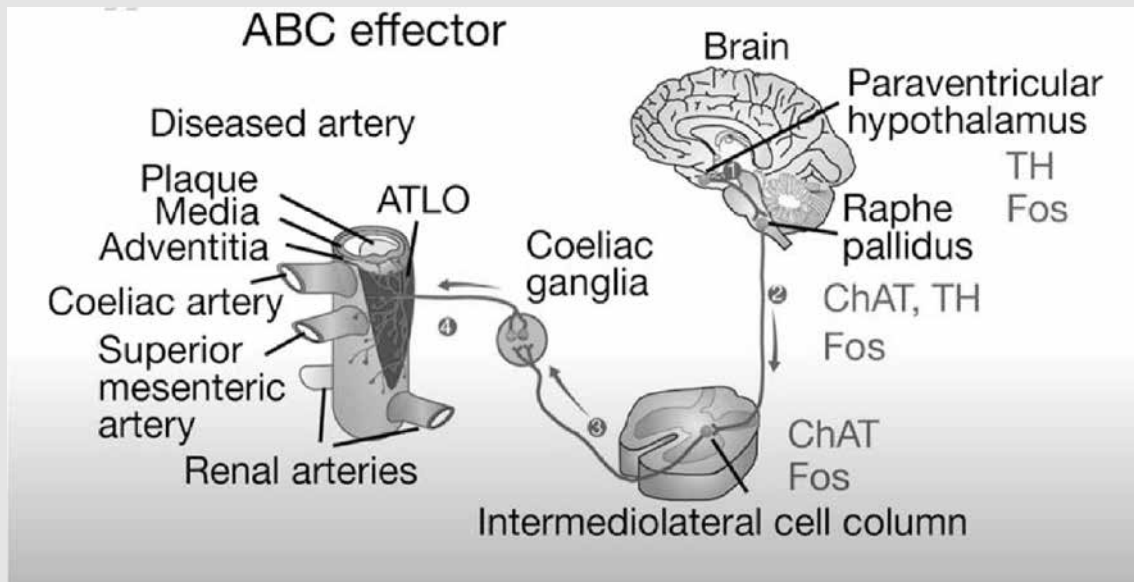


圖一

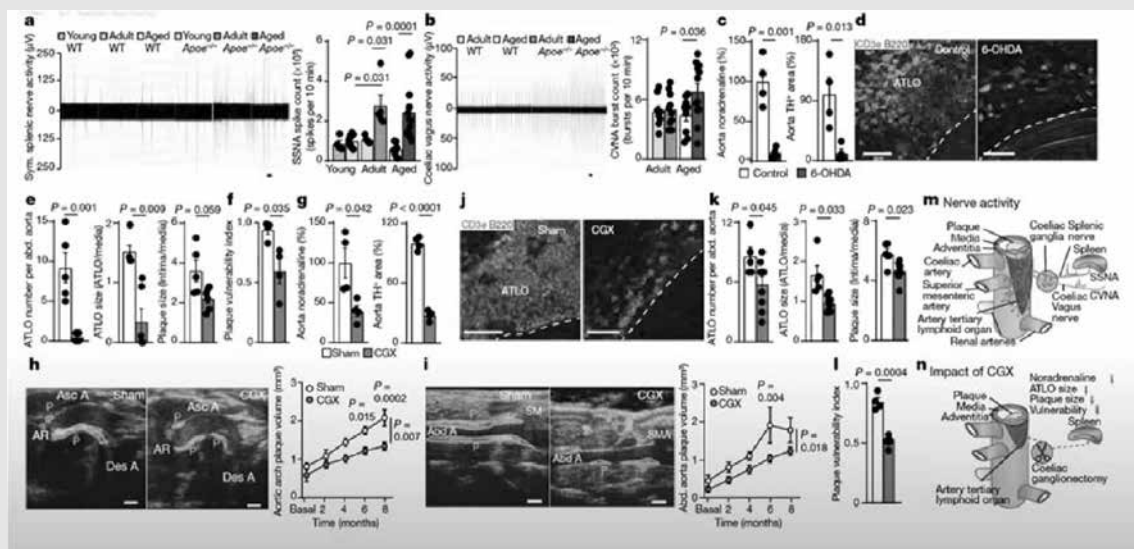
三、2022 年 Nature 雜誌中發表：神經免疫心血管接口 (介面) (NICIS) Neuroimmune cardiovascular interfaces 控制動脈粥樣硬化。免疫系統通過在動脈外結締組織層 (NICIs)，形成白細胞浸潤來對斑塊做出反應。在這裡，因為周圍神經系統，使用外膜作為其到達遠處目標的主要管道，我們假設周圍神經系統可能直接與患病動脈相互作用 (如圖二以及圖三)。小鼠和人類患有動脈粥樣硬化的外膜節段，出現了廣泛的神經免疫心血管接口 (NICIs)，顯示出擴大的軸突網絡，包括免疫細胞，和中層平滑肌細胞附近軸突末端的生長錐。小鼠 NICIs 建立了結構性動脈 - 腦迴路 (ABC)：代表 (cardiovascular；brain；circle)；ABC 周圍神經系統成分被激活：脾交感神經和腹腔迷走神經活動隨著疾病進展而增加，而腹腔神經節切除術 (如圖四) 導致外膜 NICI 解體，減少疾病進展並斑塊縮減。因此，周圍神經系統使用 NICIs 來組裝結構 ABC，並且對 ABC 的治療干預可以減輕動脈粥樣硬化^[3]。



圖二

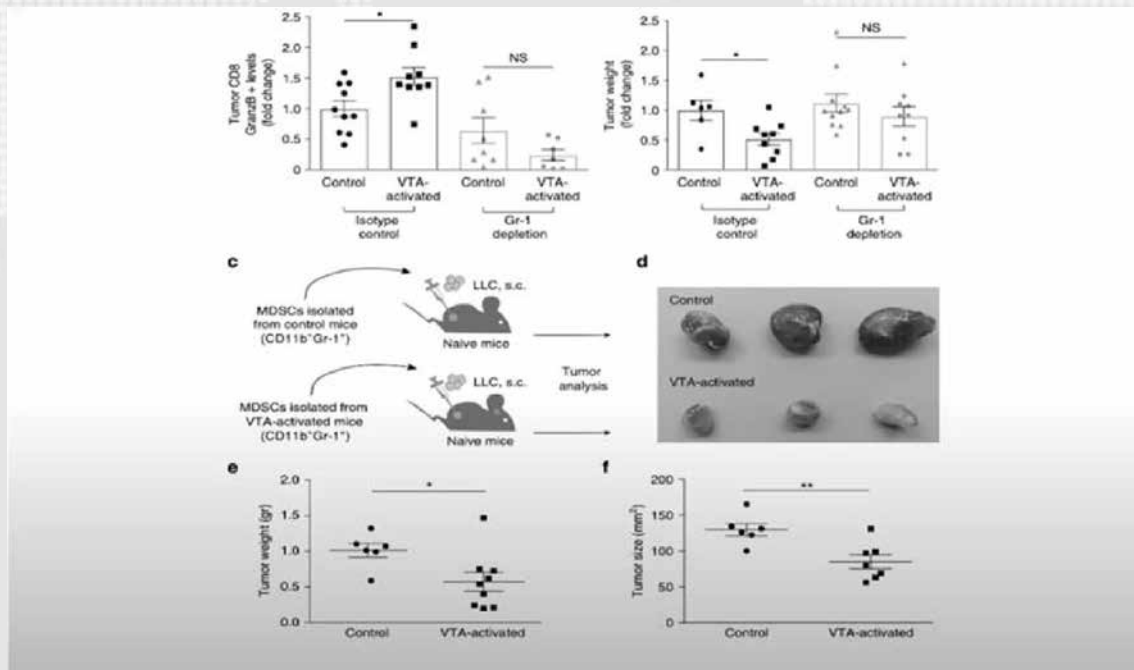


圖三



圖四

四、2018 Nature Communications 發表大腦獎勵系統調節抗腫瘤免疫力：大腦的獎勵系統，特別是腹側被蓋區 (VTA) 的多巴胺能神經元，構成了一個關鍵的神經元網絡，其激活可調節積極的情緒、期望和動機。藥理學研究表明獎賞系統活動與免疫調節之間存在聯繫，我們最近表明獎賞系統活動可以增強抗菌免疫力，使用兩種小鼠腫瘤模型（路易斯肺癌 (LLC) 和 B16 黑色素瘤）證明，獎勵系統的化學遺傳學激活可減弱腫瘤生長^[4]。



圖五

五、2016 research article 研究顯示：迷走神經刺激可以抑制細胞因子 (TNF) Tumor Necrosis Factor 的產生，減輕類風濕關節炎 (rheumatoid arthritis 又稱作 RA) 的疾病嚴重程度。也就是減少“炎症反射”的迴路。迷走神經中傳遞的動作電位抑制腫瘤壞死因子 (TNF) 的產生，腫瘤壞死因子是一種炎症分子，是類風溼性關節炎主要治療靶點。本文報告的積極機制結果將實驗數據擴展到臨床，並揭示迷走神經刺激可抑制 TNF 並減輕 RA 患者的疾病嚴重程度^[5]。

綜上文獻結論所述；大腦的刺激，情緒反應，都會引起身體的發炎反應，血管斑塊（心血管疾病）甚至腫瘤，以及類風溼性關節炎。換句話說，以上疾病都跟大腦健康非常有相關。

第二章：雙向腦波對睡眠代表的意義以及功用

一、甚麼是雙向腦波：

一般人腦波分成四型，由慢波到快波分別為 $\delta\theta\alpha\beta$ ，其中 δ 是最慢的睡眠波，通常當我們進入深度睡眠中，會呈現 δ 波，另外 β 是相對較快的波頻，會出現在我們快速動眼期當中，相當白天我們焦慮緊張時，會出現的腦波型態。完整睡眠的腦波經過兩次慢波睡眠，以及 5 次快波睡眠，形成完整睡眠周期。健康的睡眠，藉由這來回擺盪的快波與慢波，調整免疫，啟動許多內分泌，修復受損的大腦以及身體。

二、慢波睡眠功效：

其中 δ 頻率為 (0.5-4HZ)，代表慢波睡眠，是當我們進入深度睡眠狀態時，大腦所發出的波頻。當進入慢波睡眠時，這時大腦處於極度放鬆狀態，因此血管也跟著鬆弛，會留下一些間隙，讓腦脊髓液可以灌注進入大腦深層。將大腦的代謝廢物韜蛋白 (Amyloid)，可洗刷沖洗下來，經過血腦屏障後，被身體代謝完畢。此時的大腦呈現（洗腦）的功能狀態。深度睡眠在完整的睡眠 5 週期中，有兩次深度睡眠時期，如果患者無法深度入眠，就沒有辦法好好洗腦，讓大腦代謝廢物好好排出，想必後續容易造成大腦損傷，發展成為腦部病變。可能是失智、帕金森，或是雙極性躁鬱症，更甚有可能思覺失調等等。

三、REM 睡眠 (rapid-eye-movement sleep, REM sleep) 又稱作快速動眼期的睡眠功效：

(一)、介紹快速動眼睡眠

REM 通常發生在邊緣系統。邊緣系統由，扣帶迴 (Cingulate gyrus)、杏仁體 (Amygdala)、海馬迴 (Hippocampus) 所構成的大腦結構總稱。扣帶迴負責處理血壓、心跳、呼吸調節、做決定、產生共鳴、認知等情緒；杏仁體負責處理莫名的恐懼、不安、悲傷、喜悅、直覺等情緒；海馬迴則是掌控來自眼、耳、鼻的短期記憶與資訊。快速動眼期睡眠 (rapid-eye-movement, REM)：也稱做矛盾睡眠 (paradoxical sleep)，這階段的腦波型態非常近似於 β 波，腦部的活動很活躍，伴隨著眼皮下眼球快速的活動。這時候若是被喚醒，常常會表示剛剛正在作夢。快速動眼期的睡眠有何功能呢？

(二)、REM 睡眠功效一：可以進行情緒治療，同時帶領人進入更廣闊的思維中：

快速動眼期時，大腦自動切斷與大腦頂葉，額葉的聯繫，也切斷身體的聯繫，因此大腦是在沒有邏輯思維捆綁狀態下，不受壓力性荷爾蒙，腎上腺的激素分泌等等影響下作夢，上切斷與大腦的連結，因此夢中不用有邏輯性，下向切斷對身體連結，因此肌力是喪失的、身體處於癱軟的狀態。因此快速動眼期帶來的夢境，是沒有邏輯和現實的框框架架限制，在夢中沒有不能想像的地方也沒有不能去得地點，就因為這樣科學家愛迪生，利用夢境，去解決平日無法處理的問題，天馬行空的想像空間中，尋找難以解答的問題。這又稱非邏輯性思考 - 全項式思考，愛迪生的天才小夢。

另外快速動眼期的睡眠，可以讓我們將白天所有發生的事情，在腦中再上演一遍，所謂日有所思夜有所夢，我們利用快速動眼期整理白天情緒以及短期記憶，同時因為沒有壓力性荷爾蒙的干擾，讓我們可以平心靜氣的觀看所白天發生的情緒或事件，冷靜地觀看多遍後，或許就心態上可以淡然處之了，因此夢也有醫治情緒心理問題的功能。

(三)、幫助我們將短期記憶整理變成長期記憶：

另外快速動眼期，也在這時候整理大腦的短期記憶，將它放入大腦特定區域成為長期記憶。因此完整的 REM 睡眠也是幫助我們鞏固長期記憶的最好方式。因此，如果我們希望有最好的學習效果，一定要擁有完整的 REM 睡眠。也就是完整同時充足的睡眠時間是必要的^[6]。

第三章：探討睡眠障礙的面面觀

台大醫院總醫師；中華民國神經內科專科醫師；新光醫院神經內科主治醫師；現任永和耕莘醫院神經內科方識卿醫師發表以下看法：

- 一、通常影響睡眠的有四種影響入眠的四種因素：分別為夜尿、夜不寧、夜癢、以及疼痛，此四種症狀會干擾睡眠。其中夜尿代表大腦抗利尿激素分泌不足，而夜不寧代表大腦多巴胺分泌不足，此兩種都算是大腦退化型，之後在中醫的治療上，一定要注意補氣補腎，幫助大腦血流灌注量，大腦養分以及氧氣的供應都要充足，另外夜癢、疼痛等這兩種症狀，代表身體有過敏可能是熱性發炎也有可能是虛性，無論如何必須先解決癢以及疼痛，方有可能有好的睡眠。

- 二、接下來討論入眠困難、淺眠多夢、以及睡太短等等問題。有關入眠困難，我們認為是褪黑激素以及腺苷不足所引起，因此以我們鼓勵患者必須有充足的運動，最好是每天中強度運動30分鐘以上，以及配合20分鐘以上的日照量，這會誘發我們的褪黑激素以及腺苷，讓我們睡眠的驅力是很充分的。同時大量運動以及健康的生活習慣，良好飲食，健康的腸胃，都會保障我們有充足的褪黑激素以及腺苷。褪黑激素是入眠中，最重要的單胺類物質，因此在飲食中，我們也鼓勵多吃一點可以催化褪黑激素生成的物質。以及多一點日照。
- 三、另外干擾睡眠還有兩種物質：食慾素，可體松。這兩種物質都是在身體高壓高度興奮下的產物，尤其可體松與褪黑激素的關係互為拮抗，因此如果我們在睡前，不能進入睡眠準備期，而長期從事高度興奮或是焦慮的活動，比如說打電動線上遊戲、玩手機、勤奮的工作…等等，會在睡前過度誘導食慾素或是可體松的釋放，因此反而無法入眠。
- 四、有關入眠障礙，另外一個問題就是交感過度興奮，副交感無法表現，因此睡前患者可以提早一小時，多一些儀式感，將自己的副交感神經慢慢誘導。這樣可以解決無法入眠的焦慮亢奮狀態。如果提振副交感，讓交感可以卸下，以下幾種方式，提供大家參考：1. 不要再睡前討論未來或是檢討過去。2. 可以去泡澡，泡澡後身體降溫的同時，讓核心體溫低於周邊體溫，最容易入眠。3. 放下手邊所有消耗腦力的工作，減少藍光以及電磁波的刺激，這一些刺激會讓大腦興奮不已。4. 一定要關閉五官對外界的接收，包括燈光關暗，不要弄太強力香味，以及可以放一點白噪音，減少睡眠中的干擾。
- 五、深度睡眠的要件，就是充足的血清素。

當患者沒有入眠障礙，但是在睡眠中卻不斷地早醒。或是睡眠不斷中斷。這一些都代表深度睡眠的品質太差，在單胺理論中就是血清素的不足。因為如何增加我們的血清素，除了運動，充足日曬，同時可以多增加血清素的催化劑或是衍生物，比如說左旋色胺酸或是鎂，這一些都是很重要的因素。

第四章：目前西醫治療的瓶頸以及藥害

最近一篇發表於《英格蘭醫學期刊》的研究，分析1800位阿茲海默症患者在疾病診斷之前的第六到第十年間的用藥史，並與7200位正常人的用藥紀錄比較。結果發現使用苯二氮類的安眠鎮靜藥物者與罹患阿茲海默症有顯著相關；使用3個月以下者，罹患阿茲海默症機會與常人無異，使用3-6個月者，罹患阿茲海默症機會較常人高出32%，使用6個月以上者，罹患阿茲海默症機會較常人甚至高出84%^[7]。

2015年美國國家衛生研究院(National Institute of Health)也發表一篇研究，追蹤了將近3400名65歲以上的參與者，其中有23%發展出失智症症狀；而持續服用強效抗膽鹼藥物3個月到3年，失智的風險將增加20%；使用超過3年，失智風險則增加54%。常見會引起大腦功能失調的抗膽鹼藥物：抗憂鬱劑、抗組織胺(過敏緩解、感冒、咳嗽糖漿、助眠等)、抗精神病藥物、腸胃止痙攣劑、肌肉鬆弛劑、膀胱過動症控制藥物、巴金森氏症藥物。

結論：目前最常用的BZD苯二氮平類(Benzodiazepines, BZD)的安眠藥，是目前最常用的安眠鎮靜藥物；這些藥物所帶來的淺波睡眠，讓大腦沒有雙向腦波睡眠的功能，因此變成無效睡眠，當睡眠不再具有深度入眠的洗腦功效，也沒有REM睡眠的增加記憶以及情緒治療的效果，長期服用，必定會讓大腦損傷以及退化。

第五章：中醫治療思路

中醫治療大法，在黃帝內經之前有易經，易經中太極陰陽平衡的概念，貫穿整個治療體系。我從易經中體會中醫治療之道有以下幾點：

一、首先講求陰陽平衡：

治療疾病，目的就是將陰陽偏盛狀態，引導進入陰平陽秘。陰陽偏盛代表身體可能過度陽亢或是過度虛衰，都會造成身體損傷，失去平衡，肯定帶來疾病。因此醫師治病，要幫助病人達到平衡之道，讓亢奮的狀態，可以緩和平靜，讓虛衰的機能，可以提升恢復。這樣的想法，體現在中國人的中庸之道，發揮在方方面面：在本我、人我、物我、都可以同樣運用。當我們可以跟自己，周邊人、事、物、甚至整個自然環境，都達到一個平衡的關係之後，人這一個有機體，可以做到天人相應，天人合一的狀態。就是一個穩定的健康狀態。

二、陰中有陽，陽中有陰：

陰中有陽，陽中有陰，也是我們治療時的主軸。世上萬事萬物，沒有絕對的陰，絕對的陽；沒有絕對的善，也沒有絕對的惡。因此，在觀看疾病或治療時，我們也都會運用這樣的想法，去觀看疾病的表現。陽亢的表現，強烈發炎的狀態中，難道沒有虛衰成分？若不是因為正氣虛衰，身體無法應付得宜，又怎麼輪得到陽亢的表現呢？另外在虛衰時，難道身體就沒有一點發炎或是陽亢反應？若不是因為發炎反應一直消耗我們體力，又怎麼會讓身體淪落為虛衰呢？因此當我們在觀看疾病以及治療時，用藥不可以偏廢。必定秉持陰陽皆顧及，用藥物比例的調整，讓身體慢慢達成平衡態。運用藥物時，也盡量避免陰陽的偏廢。

三、陰陽流動，代表一個過程，時間軸：

再其次，陰陽同時也是代表一種轉化與變化，所有的轉化肯定有時間軸。生、老、病、死，就是時間軸變化。疾病發生，也會有一定的進程。發炎、正邪對抗、虛衰等，也是時間軸的變化。因此當我們觀察疾病時，我們務必觀察疾病的過去現在以及未來，為何而來，將往哪裡去？同時判斷目前疾病，正處於哪一些階段，該如何調整？對疾病本質，追本溯源，發現病因後，對病因做移除或是防治，疏導。對疾病目前所處於的境地，是安全？還是危及？輕、重、緩、急、做一個最適當的判斷以及處理，同時也對疾病未來的發展做引導以及防堵。

四、陰陽不斷轉化：

最後。我們必須謹記，陰陽是不停的轉化的，我們身體時時刻刻都在變化，當症狀改善，不代表疾病穩定，身為一個醫師，不能因為疾病稍有改善，就心內竊喜，放鬆自己，必定小心觀察一段時間，這時間會因為病根深淺有不同的要求，確定患者陰陽已經達到一段時間的穩定之後，方可以慢慢減退我們對疾病的干擾，讓患者練習靠自己，健康的心態，以及良好穩定的生活習慣，繼續走上陰陽平衡的健康之路。以上這一些都是我們臨床醫師，在成為一個「當位」的醫師之前，必須要有的修為。

舉例說明：當長期焦慮緊張或是負面或是有錯誤的生活習慣，引起大腦發炎時，我們可以將疾病做過去現在未來的分析：回頭看，仔細想想，到底哪一些行為、情緒、想法、習慣。是病根。當下看，疾病處在哪一個階段，從剛開始紅腫熱痛，接下來正邪對抗修

正的過程，產生一些病理產物，包括痰與瘀。另外發炎反應以及身體爲了疏通發炎後的病理產物，也消耗了許多的「正氣」，這正氣有可能是陰（體液免疫），也有可能是陽（細胞免疫），因此分別產生陰虛與陽虛兩種現象。對峙中，身體慢慢走向虛衰。因爲當下我們必須判斷，疾病到底處於哪一種狀態中。哪一階段中。最後當我們往後看。我們看到疾病未來的走向，如果病根沒有拿除，患者同時在反覆的發炎反應中，或是間質過度表現，也會產生一些纖維化或是鈣化的反應。這一些病理產物如果不能及時清除，越來越累積越多，也會引起身體另一波的免疫反應，又產生新一波的自體免疫性發炎現象。陷入一種往下沉淪的輪迴。進入惡性循環。又或者，患者會在我們藥物與衛教的開導當中，漸漸步入坦途，進入良性循環中，力求穩定。我們在每一次的用藥當中，都還是可以看見自己，修正自己。接下來讓我們看看，當身體處焦慮亢躁以及虛衰時，有哪一些症狀可以判斷，另外面對各個階段如何用藥^[7]？

(一)、疾病的初期表現

1. 初期熱亢症狀表現：無法入眠，頸部僵硬腦壓高頭痛，情緒焦躁易怒坐立不安，胃酸逆流，胸悶心悸、口瘡，齒齦浮腫，全身痠痛發炎，口乾舌燥，眼睛乾澀，多處腺體或是組織或是器官發炎，血糖血壓也會偏高。
2. 初期熱亢用藥理念：重鎮安神，清熱解毒涼血，降腦壓。
 - (1) 重鎮安神潛陽：龍骨、牡蠣、代赭石、珍珠母、磁石等。
 - (2) 清熱降火：黃芩、黃蓮、黃柏、梔子等。
 - (3) 引熱下行：懷牛膝。
 - (4) 清虛熱，清血中之浮火：青蒿、知母、地骨皮、牡丹皮等。
 - (5) 清瀉熱毒，降體腔壓力：大黃。

(二)、正邪對抗，處於拉鋸期間屬於中期：

1. 中期拉鋸症狀：眠淺易醒，慢慢轉爲沒有耐心，注意力不集中，健忘，胸悶氣短，心律不整，手麻，身體對冷熱敏感，自汗或是潮熱盜汗。脹氣，腸躁症，腸鳴，慢性發炎，或是有瘀熱現象，可能引發各種慢性病或是免疫系統疾病。
2. 中期拉鋸用藥：
 - (1) 柴胡、白芍、大棗三味藥。老師最常用，因爲可以開啟中焦氣機流暢，同時大棗可以提供大腦最喜歡的糖源刺激血清素產生。
 - (2) 陳皮、砂仁、枳實幫助腸胃吸收，化解藥物滋膩，同時化解病理產物，甘麥大棗湯 + 半夏厚朴湯適合此時期進場。
 - (3) 針對病理產物瘀滯，可以用丹參等藥。
 - (4) 初期（清熱重鎮藥物）以及後期用藥（補氣補腎藥物）都可以依這比例加入。

(三)、疾病後期的虛衰期：

1. 後期退化萎縮症狀：疲倦無力，可以睡很久，白天提不起勁，記性減退，做事沒動機，無法一覺到天亮，夜多尿，夜擾。腸胃功能低下，沒有食慾，腰酸腳軟。臉色黯沉，舌黯淡蒼白，尺脈弱。身體慢性過敏或是癢疹，夜癢或是累癢。身體有筋膜纖維化或是沾黏。心跳或是血壓過低。

2. 後期退化萎縮用藥：

- (1) 杜仲、首烏、山茱萸、熟地黃、生地黃、菟絲子等補腎中藥或是當歸等柔肝的中藥。補腎藥可以啟動身體自我修復。
- (2) 黃耆、補陽還五湯等：可以搭配溫膽湯。可以增加腦部氣血灌注，提供更多氧氣以及養分至腦部修復，搭配溫膽湯可以防止灌注過多引起腦壓過高。
- (3) 地龍、麻黃等：長期或是重度憂鬱症患者，此兩種藥物，可以通過血腦屏障，可以增強腦部對藥物的反應
- (4) 肉桂、乾薑、附子等：當以上用藥不足時加強使用。

第六章：相關病例分析**病案一：遁入空門，戒停西藥的道姑**

一、病患症狀：

吳小姐，年 61，2022/3/4 來診，年輕因為歷經婚變，雖然遁入空門之後近 2 年仍然嚴重的焦慮躁鬱症，初起服用 2 顆 SSRI 藥物 2 顆 BZD 藥物，仍然失眠，同時初起看診時不耐等待，屢屢闖入診間想要插號，有胃酸，胸悶心悸腰酸，怨念深，兒女皆搖頭。舌暗沉瘀絡深，舌面有黃色薄苔，脈象弦緊但是尺脈弱。

二、分析：執念深因此雖然病程已有 2 年，仍屬陽亢夾瘀夾熱同時已經腎虛。

三、處方與療效：

代赭石 8 龍骨 8 牡蠣各 8 柴胡 4 白芍 3 大棗 10 顆 半夏 4 陳皮 4 黃芩 6 黃連 1 杜仲 6 首烏 6 黃耆 10 丹參 10 (單位：錢)

以上方劑基礎加減方服用 1 月之後，睡眠改善，腰痠減半，胸悶無，胃悶痛仍有。

四、治療中期處方與療效：

2022/6 起患者開始減西藥

代赭石 5 柴胡 4 白芍 4 大棗 10 顆 半夏 4 陳皮 8 砂仁 4 黃芩 6 黃連 1 杜仲 6 首烏 6 黃耆 12 丹參 15 (單位：錢)

五、療效：

歷經 6 個月左右，患者西藥減成睡前 0.5 顆，再 6 個月後，患者 2 天一帖，患者 2023/6/2 來診時，已經完全戒停西藥，同時表現良好，常常滷東西還有做辣椒醬給全診所員工吃，同時患者的神經內科西醫師是我們診所隔壁神經內科醫師楊延壽醫師，本對中醫非常排斥，經過許多年共同治療患者經驗，目前中西醫相處愉快。彼此常會合作共同治療患者，同時彼此推薦患者。

病案二：計程車司機類風溼性關節炎患者

一、病患症狀：

羅小姐，54 歲，初診 2023/1/3，因為類風溼性關節炎，晨僵以及手指疼痛的症狀，已經服西藥 10 多年，目前每天 2 顆類固醇以及 1 顆奎寧類藥物，1 顆免疫抑制劑，同時偶有服用止痛消炎藥物。患者睡眠差，入眠超過 1 小時，中間醒來多次，一次最多只睡 3 小時。長期脈象三部皆弱又數，舌薄少苔舌體瘦鮮紅。

二、分析：患者因為長期睡眠差，引起身體慢性發炎，同時自體免疫系統有過度表現。中醫診斷為陽亢腎陰虛火旺。

三、處方與療效：

代赭石 8 牡蠣 8 柴胡 4 白芍 3 陳皮 4 枳實 3 生杜仲 8 首烏 4 生地黃 4 黃連 1.5 黃柏 5 青蒿 6 知母 6 地骨皮 6 荊芥 4 防風 3 (單位：錢)

四、療效：以上方藥物加減，患者服用前兩周，晨僵以及關節疼痛已經好很多，第三個月開始西藥只剩下類固醇 2-3 天一顆，甚至有時出遊一周忘記吃西藥，狀況仍穩定。

病案三：初期糖尿病合併失眠患者，很聽話的阿公

一、病患症狀與分析：

2022/3/8 初診，68 歲阿公，入眠超過 2 小時，中間醒來 4 次要小便，病程半年，AC=130-140，HBA1C=7.8，CHO=230，TH=220，血壓平均 140-150/70-80，阿公拿一堆西藥來門診 (Metformin*1、冠脂妥*1、A 類血壓藥*1、康肯*1，目前尚未服用)，阿公問是否可以不吃西藥。患者全身痠痛、疲倦、容易頭脹痛、身體容易有紅疹。阿公個性溫和，過度為下一代操心，脈寸浮尺弱但仍有力。舌質瘦薄淡紅，黃苔厚。

二、分析：長期焦慮失眠引起身體慢性發炎，因此治療應先清熱解表解決胰島素阻抗問題，同時將上盛下虛的本質處理好達到陰平陽秘。

三、處方與療效：

黃連 1.5 石膏 8 桑白皮 5 代赭石 8 黃芩 5 炒杜仲 8 何首烏 4 生地黃 4 山茱萸 6 陳皮 5 砂仁 5 黃耆 10 川芎 4 (單位：錢)

同時交代阿公生活中一定要認真執行 211+168

經過 1 個月治療，患者 AC=100-109，血壓平均 120-130/70-80，沒有吃任何西藥。同時頭痛，身體痠痛症狀改善。

四、後續發展以及治療：

3 個月後檢查 HBA1C=6.8，CHO=202，TH=168，阿公都沒有使用西藥。但是阿公一次睡眠只有 3-4 小時，中間醒來 2 次夜尿。

黃連 1.5 石膏 5 桑白皮 5 炒杜仲 10 何首烏 6 山茱萸 8 陳皮 8 砂仁 8 黃耆 12 丹參 8 (單位：錢)

服用前方 2 週之後，阿公一次睡眠增加為 5-6 小時，夜醒 1 次，入眠 15 分鐘。同時我鼓勵阿公每天 30 分鐘日照與運動以及睡前泡澡。再服用前方 3 個月之後，慢慢減藥。3 個月後變成 1 週 2-3 帖保養。觀察至今 2023/5/6，阿公睡眠以及血檢狀況依樣維持很好。

病案四：長期脹氣疲倦提不起勁的牙醫師

一、病患症狀：

2023/6/25 家族聚餐中，有一位郭性牙醫，因為長期有升等考核又負責教學等壓力，同時回家還要照顧陪伴兩個小嬰兒，因此連續脹氣胃酸逆流 2 個月，完全沒有食慾，夜眠醒來 2-3 次，每天 4 點就醒來，目前已經瘦 3 公斤。懶言怕動少氣，每天吃西藥同時服用 PPI 等西藥仍不見改善。患者最近常腰痠，脈細弱無力，舌瘦白。

二、分析：情緒長期緊繃，交感長期過度興奮因此胃酸過多且有胃痙攣。同時過於疲倦，腦部呈缺氧狀態。屬肝氣鬱 + 氣虛 + 腎氣虛。

三、處方以及療效：

補陽還五湯 4 溫膽湯 3 柴胡 1 白芍 1 枳實 1 甘草 0.5 杜仲 1.5 何首烏 1 山茱萸 1 (科學中藥單位：克)

患者僅僅服用 10 天症狀就幾乎痊癒，第 5 天就可以拿掉所有西藥，只剩下一點疲倦。第 9 天主動要求繼續給藥，我以原方加入地龍、麻黃各 0.5。

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壁報論文

中醫藥介入改善試管嬰兒療程取卵療效：個案系列報告

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引言

取卵是試管嬰兒輔助生殖醫學療程中的重要步驟。高質量的卵細胞和適當數量的卵細胞經由胚胎實驗室培養成高質量的胚胎能有效提高試管嬰兒療程的臨床懷孕率。然而中醫藥在輔助生殖醫學領域是否能取得更好的結果值得進一步嚴謹的臨床研究，我們首先以取卵過程中使用中醫藥介入，初步評估中醫藥對試管嬰兒生殖醫學療程中取卵結果的影響。

Group 組別	Case 病例 編號	Age 年紀	AMH 抗穆勒氏 管荷爾蒙 值	Pre-TCM Data 中醫藥治療前數據				Post-TCM Data 中醫藥治療後數據			
				Number of retrieved oocytes 取卵數	Mature oocytes rate (%) 卵子成熟率	Fertilization rate (%) 受精率	Blastocyst rate (%) 囊胚率	Number of retrieved oocytes 取卵數	Mature oocytes rate (%) 卵子成熟率	Fertilization rate (%) 受精率	Blastocyst rate (%) 囊胚率
A	1	34	1.26	7	86%	50%	100%	5	100%	80%	100%
	2	40	2.59	16	81%	54%	29%	13	85%	73%	88%
	3	38	1.7	13	38%	100%	100%	9	56%	80%	100%
Average 平均值		37.3	1.85	12	68%	68%	76%	9	80%	78%	96%
B	4	40	0.334	2	100%	50%	100%	8	88%	100%	86%
	5	42	0.01	0	0	0	0	1	100%	0%	0%
	6	43	0.1	1	0	0	0	1	100%	100%	100%
	7	42	0.6	6	67%	75%	67%	5	80%	75%	67%
	8	42	0.963	7	100%	86%	83%	10	70%	86%	83%
Average 平均值		41.5	0.465	3.2	56%	52%	50%	5.2	87%	74%	64%



材料與方法

本個案系列研究為從一家台灣生殖醫學機構中選取了2022年8月至2023年7月間的9例個案，這些個案在兩次試管嬰兒取卵療程之間接受了中醫藥治療。我們記錄並比較了中醫藥介入治療前後的取卵數量、成熟卵細胞數、受精率和囊胚率。根據抗穆勒氏管荷爾蒙值將這9例個案分為兩組：A組（3例，數值大於1）和B組（6例，數值小於1），然後進行臨床統計分析。

結果

這9例不孕症個案的平均年齡為40.11歲。在A組中，我們發現成熟卵數增加了12%，受精率增加了10%，囊胚率增加了20%。在B組中，結果改善更顯著，平均取卵數增加了2顆，成熟卵細胞數增加了31%，受精率增加了22%，囊胚率增加了14%。討論與結論：高齡孕婦被認為是不孕治療中相對困難的群體，特別是隨著年齡增長，卵巢功能下降，取卵的結果與品質變得尤為重要。我們的臨床經驗顯示，中醫藥與試管嬰兒生殖療程結合可以改善臨床取卵結果，尤其在抗穆勒氏荷爾蒙值小於1的群體中表現更為明顯。因此，我們推論中醫藥在試管嬰

兒輔助生殖醫學過程中的作用有所助益，未來可以進行更嚴格的臨床醫學研究以獲得更多實證證據，本研究初步結果可提供實證醫學思路和進一步臨床研究的參考。

關鍵字：中醫藥、取卵、生殖醫學、試管嬰兒、高齡不孕

Traditional Chinese Medicine Improved Oocytes Retrieval in In-vitro Fertilization : A Case Series

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Introduction

Oocytes retrieval is an important part of the assisted reproductive medicine with in vitro fertilization (IVF). High-quality oocytes and proper quantity are cultivated into high-quality embryos through the embryo laboratory, which can effectively improve the clinical pregnancy rate. Whether Traditional Chinese medicine (TCM) can give better results in the field of IVF is worth further research. We started with focusing on oocytes retrieval first and evaluated TCM intervention with oocyte retrieval results.

Material and methods

In this study, 9 cases were taken from a single Taiwan Reproductive Medicine Institution from August 2022 to July 2023, and all these cases accepted TCM treatment between two oocytes retrieval cycles on IVF. We recorded and compared the number of retrieved oocytes, mature oocyte numbers, fertilization rate and blastocyst rate before and after the TCM treatment. We divided these 9 cases into two groups according to their Anti-mullerian Hormone (AMH) values. Group A (3 cases) consisted those whose AMH value greater than 1 and Group B (6 cases) consisted those whose AMH value less than 1. Then we conducted the statistical analysis.

Results

The average age of these 9 infertility cases is 40.11 years old. In Group A, we found the improvements in mature oocyte numbers (increased by 12%), fertilization rate (increased by 10%), and blastocyst rate (increased by 20%). The improvements on the results are even more significant in Group B. We found that, in Group B, the number of retrieved oocytes has an average increase of 2 oocytes, mature oocyte numbers are increased by 31%, the fertilization rate is increased by 22%, and the blastocyst rate is increased by 14%.

Discussion and Conclusion

Patients with advanced maternal age are considered as a relatively difficult group in the infertile treatment. In particular, as ovarian function declines with age, oocytes retrieval had become an important stage. Our experience revealed that TCM combined with IVF may improved the clinical results, especially in the groups consisting of those whose AMH value less than 1. We found that the role of traditional Chinese medicine in the course of the assisted reproductive medicine may help and further rigorous clinical medical research can be done to obtain more evidences. Our study tried to provide an empirical medical thinking direction and a reference for further clinical research.

Keywords : Traditional Chinese Medicine 、 oocytes retrieval 、 In-vitro fertilization 、 advanced maternal age infertility

回溯探討居家醫療整合計畫個案疾病的中醫照護

Retrospectively Investigate the Traditional Chinese Medicine care for Diseases in the Home-based Medical Integration Program

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背景

居家醫療照護整合計畫從 108 年 6 月起，中醫師即可加入居家照護團隊，透過中醫師協同照護團隊共同治療諸如腦中風、脊椎關節疾患等等居家醫療包含末期癌症安寧關懷個案。依南區健保局統計 110 年當年有 27 家中醫院所參與計畫，中醫配合居整照護團隊提供了 269 人共 2027 人次的中醫居家訪視。

目的

居家醫療歷經 5 年的中醫師照護參與，我們嘗試從居整照護團隊收案資料中比較居家醫療個案疾病分類，中醫照護與其他西醫照護是否有所不同並探討其原因，供中醫師照護進一步的評估。

方法

回溯 110-113 年雲嘉兩個居家照護團隊 A 單位照護個案，共 3553 人次，依 ICD-10 疾病分類分析，依中醫投入有無，統計個案疾病前 10 名佔比、照護階段佔比等。

結果

由居整團隊中刪除延長居家照護相同個案共 2627 人次，A 單位個案疾病分類佔比前五名為循環系統疾病 (I00-I99) 27.8%、精神心智與行為疾患 (F00-F99) 16.9%、腫瘤 (C00-D49) 15.1%、內分泌、營養與 (新陳) 代謝疾病 (E00-E90) 7.4%、神經系統疾病 (G00-G99) 7.0%。中醫投入的案家疾病分類前五名分別為循環系統疾病、精神心智與行為疾患、神經系統疾病、腫瘤及肌肉骨骼系統與結締組織疾病。A 團隊與有中醫投入的個案照護階段皆是居家醫療 S1 最多，重度居家醫療 S2 佔比分別為 39.9%、23.9%。

討論與結論

由統計結果可知中醫居家個案仍以腦中風、失智、偏癱、肌肉萎縮、神經炎性、腫瘤術後及肢體疼痛等等針灸照護為主，相對於內分泌、營養代謝疾病較少見需要內科照護個案；投入照護階段仍是居家醫療 S1 為主。因此，增加案家對於中醫居家醫療的信任與團隊內其他醫護對於中醫協助照護的認識，都是我們中醫同道需要努力的目標。

中藥協助升壓劑依賴個案成功出院的病例報告

Case Report : a Patient with Dopamine Dependence Successfully Discharged by Using Traditional Chinese Medicine

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背景與目的

臨床上有部分病患，需依賴藥物支持治療維持基本生命徵象，導致其長期住院，這些病患往往會消耗大量的社會成本。若是能夠藉由中醫的協助穩定其生命徵象，使其縮短滯留醫院的時間，則有助於減輕家屬及社會的負擔。以此案例，探索西醫與中醫針對這類住院病患有更多合作的可能性。

現病史

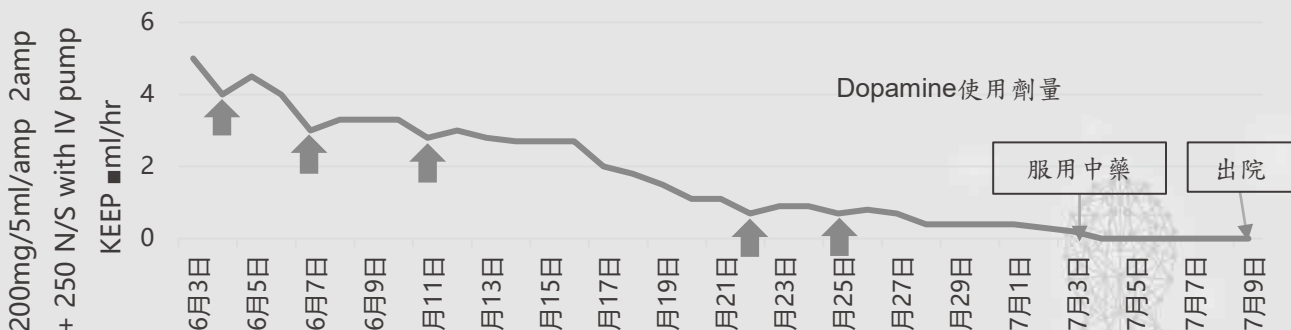
本案為一位八十五歲女性患者，有高血壓病史，113/05/02 早上 10 點被家人發現無法喚醒，並有嘔吐。入急診時 GCS：E1M2-1V1-2，CT 顯示橋腦與小腦梗塞，之後病危入加護病房，GCS：E1M1V1，05/08 轉至神內病房後，於 05/15 會診中醫針灸治療，因其血壓、心跳不穩，需使用升壓劑 (Dopamine) 輔助維持其生命徵象，期望逐步調降升壓劑劑量，移除升壓劑後轉至機構安置，然數次調降後血壓心跳不穩定，使升壓劑無法順利移除，導致其需長期住院。與家屬溝通後，於 7/3 起合併濃縮粉劑治療。

時序圖及中醫四診

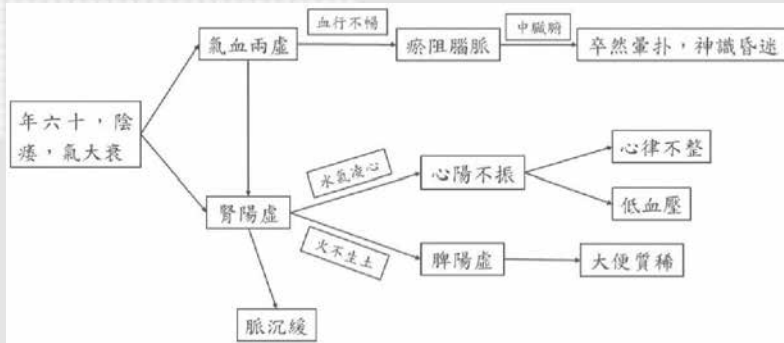
望診：意識差、E1V4M1、鼻胃管存、尿管存聞診：無法對話。

切診：脈診：沉緩。

- 問診：1. 二便：大便一日 1-2 行，質稀，
2. 四肢：上肢肌力：0-1，下肢肌力：2-3
3. 其他：痰多色黃質稠。



病因病機圖



治則及方藥

治則：溫補脾腎

藥物 (5 Day/BID)：

桂附地黃丸 4g/BID

理中湯 2.5g/BID

生脈飲 1g/BID

結果與結論

患者於 7/3 服用中藥後，隔日移除升壓劑，觀察一周內皆無生命徵象 (血壓、心跳) 不穩定之表現，順利於 7/9 出院轉至機構安置。

此案例顯示中藥的介入可以有效穩定心跳、血壓，即使在 dopamine 完全代謝之後，仍然可以幫助使病患維持穩定的生命徵象。

中藥在小兒手口足病初期的治療成效和機轉： 網路藥理學和文獻的整合探索

Chinese Herbal Medicines for Treatment of Hand, Foot and Mouth Disease in Young Children : An Integration Study of Network Pharmacology and Review

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Introduction

Enterovirus belongs to the Picornaviridae family. According to the Taiwan Centers for Disease Control and Prevention, infants and young children under the age of 5 are at high risk for developing severe symptoms, especially by EA71 and D68.

Hand, Food and Mouth Disease (i.e., HFMD) is caused by enteroviruses, initially presented as cold-like symptoms, followed by specific clinical manifestations, including red rashes or small blisters around the hands, feet, mouth, and buttocks. According to Table 1, TCM refers to this state as the “rash period,” a type of metabolic heat on the body surface, and would treat these symptoms with Yin Qiao San and Ganlu Xiaodu Dan. This study focuses on three Chinese herbs : Jinyinhua (*Lonicerae Japonicae Flos.*), Lianqiao (*Forsythiae Fructus*) and Huangqin (*Scutellariae Radix*).

This article is the first attempt to understand the action mechanisms of TCM in treating the rash period of HFMD in children through Network Pharmacology. The research indicates that the herbs can alleviate related clinical symptoms caused by enterovirus through regulating anti-inflammatory pathways and promoting cellular repair pathways.

Methodology

We input the three Chinese herbs into TCMSP 2.3 (<https://tcmsp-e.com/tcmstp.php>) respectively. Screening conditions are oral body availability (OB) $\geq 30\%$, drug similarity (DL) ≥ 0.08 , and drug half-life (HL) ≥ 4 hours. GeneCards (<https://www.genecards.org/>) was used to search for HFMD- related genes with the keyword “hand foot mouth disease.”

Then, we submitted the 163 target proteins of HFMD to the DAVID database (<https://david.ncifcrf.gov/>) to analyze the KEGG enrichment. KEGG pathways with a p-value less than 0.05 were considered statistically significant and valid. We identified representative pathways for the gene groups using p-value (-log) and fold enrichment values for ranking. There may still be slight differences in the validity of network pharmacological analyzes compared with animal experiments. Nonetheless, such studies can serve as preliminary data analysis before animal experiments and evaluation for future experimental design.

中醫分期&臨床症狀：出疹期 (rash period)
濕熱蘊毒，鬱結脾肺心證
台灣衛福部分期&臨床症狀：第一期 一般感染 (Stage I: uncomplicated infection)
手口足病（發燒、口腔潰瘍，手足與臀部的丘疹或水泡，口腔潰瘍可出現於整個口腔內部）
• 症狀：手、足、口、臀部等部位出現斑丘疹、丘疹、皰疹性咽峽炎
• 伴有發熱或無發熱，倦怠，流涎，咽痛，納差，便秘。甚者可出現大皰、手指脫甲。
• 舌象脈象指紋：舌質淡紅或紅，苔膩，脈數，指紋紅紫。
• 此期屬於手足口病普通型，絕大多數在此期痊癒。
中醫處方用藥
1. 甘露消毒丹（滑石，茵陳，黃芩，石菖蒲，川貝，木通，藿香，射干，連翹，薄荷，白豆蔻）
2. 銀翹散（金銀花，連翹，荊芥穗，淡豆豉，桔梗，薄荷，牛蒡子，甘草，竹葉，鮮葦根）加僵蠶，蟬蛻，玄參，板藍根等
3. 熱毒寧注射液：青蒿，梔子，金銀花 3 味中藥
4. 藥用：黃芩，茵陳，連翹，金銀花，藿香，滑石，牛蒡子，白茅根，薄荷，射干，蒲公英，夏枯草，板藍根，生地黃，牛膝，知母，石膏，苦參，地膚子，燈心草，竹葉，甘草
參考資料：(1) 中華人民共和國手口足病診療指南，2018年版、(2) 腸病毒中醫診治思維，中醫兒科醫學雜誌，2012，14(1)

Table 1.TCM treatment of the “rash period” of HFMD in young children

Results

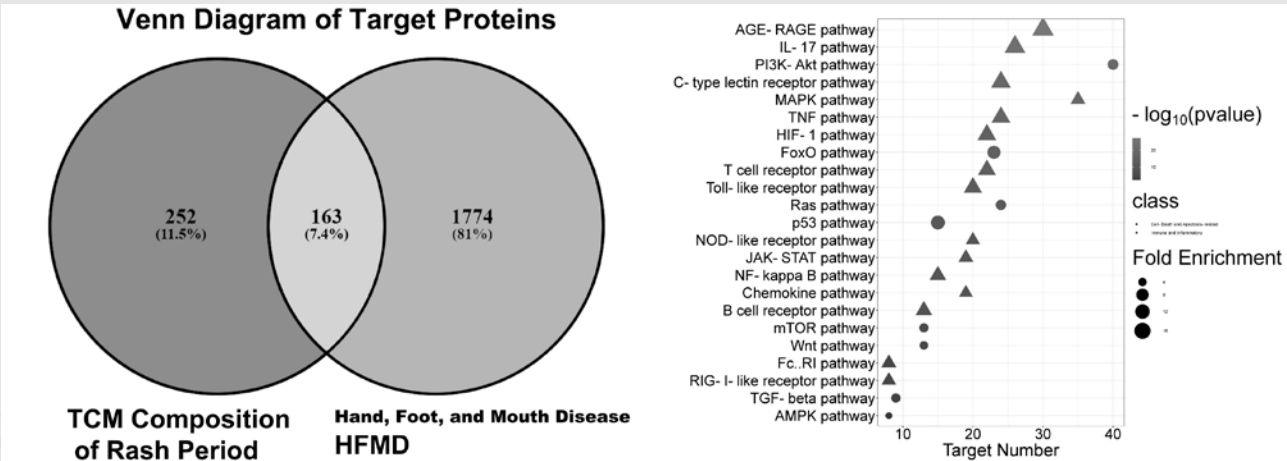


Fig. 1 Venn diagram of the intersection genes of the active constituents of the herbs and HFMD related targets

Fig. 2 KEGG enrichment analysis

Discussion & Conclusions

When dealing with the early symptoms of HFMD in children, TCM can treat "cell injury" caused by enterovirus through the following ways :

Anti-inflammatory effect : The herbs achieve anti-inflammatory effects through several signaling pathways, such as, AGE-RAGE, Il-17, PI3K-Akt, C-type lectin receptor, MAPK, and TNF, etc.

(1) AGE-RAGE signaling pathway refers to a series of signal reactions triggered by the combination of advanced glycation end products (AGEs) and their receptor RAGE (receptor for Advanced Glycation End products). It plays an important role in chronic diseases, such

as, diabetes, neurodegenerative diseases (e.g., Alzheimer's, Parkinson's), cardiovascular diseases, chronic kidney disease and Inflammatory and autoimmune diseases.

- (2) IL-17 signaling pathway, also an important pathway in inflammation, promotes the release of many inflammatory factors, such as, cytokines (e.g., IL-6, IL-8, TNF- α), chemokines (e.g., CXCL1, CXCL2, CCL20), antimicrobial peptides, and Matrix metalloproteinases (MMPs). It also triggers further signaling pathways, such as NF- κ B, MAPK, and JAK-STAT pathways. MAPK pathways can regulate inflammatory gene expression and the overall inflammatory response in HFMD.
- (3) Enterovirus stimulates the TLR3, TLR7, and TLR8 signaling pathways of the Toll-Like Receptor (TLR) Pathway. These receptors can recognize viral RNA and DNA, triggering a cascade of inflammatory signaling, including the NF- κ B pathway. This ultimately leads to the production of pro-inflammatory cytokines.
- (4) Cytokine signaling pathway inhibits or prevents the responses induced by enterovirus, for example, the production of pro-inflammatory cytokines, IL-1 β , IL-6, and TNF- α , which can reduce damage to cells.

Promote cell repair : The herbs also aid the repair of damaged cells. For example, PI3K-Akt, FoxO signaling pathways, etc. The p53 signaling pathway is a key tumor suppressor pathway and plays a pivotal role in regulating the following cellular processes : cell cycle arrest, DNA repair, cell senescence, and apoptosis.

It is worth mentioning that the underlined pathways in Fig. 2 (PI3K-Akt, FoxO, NF-Kappa B, AMPK) have anti-oxidizing effects.

Quantitative Analysis of Craniofacial Asymmetry Correction using 3D Scanning and Acupuncture Emerging Techniques in Soft and Hard Tissue remodeling - A Case series

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Background

Craniofacial Asymmetry (CA), a condition resulting from an imbalance or misalignment in the bones of the head, can have either congenital or acquired causes. CA is common and may become more pronounced with normal aging. Craniofacial muscle imbalances are one possible cause of CA that is often overlooked in conventional medicine. Acupuncture is widely recognized for muscle rehabilitation and enhancing muscle force. However, its effectiveness in correcting CA conditions, such as skeletal deviations or misalignment and soft tissue abnormalities caused by muscle imbalances remains unexplored. It's important to note that correcting CA is not just for aesthetic purposes. Medical consequences of CA can include rhinitis, distortion of the maxilla or mandible, misalignment of the teeth, TMJ disorder, sleep apnea, etc. Addressing these issues also requires a better understanding of the role played by intra-oral and intra-nasal muscles in the development of CA. Our study assesses the efficacy of intra-oral, intra-nasal, and facial acupuncture in correcting CA and Temporomandibular Disorder (TMD), offering new insights into the potential benefits of acupuncture for these conditions beyond cosmetic improvement.

Objective

Our study aims to demonstrate the efficacy of facial, intra-oral and intra-nasal acupuncture in treating CA and TMD.

Methods

We conducted a case series on five participants (three females and two males) with mild CA, including one with pre-existing TMD. Participants received 20 to 38 sessions of facial, intra-nasal and intra-oral acupuncture treatment at Chungin Clinic in Seoul, Korea. Pre-and-post-treatment of 3D facial scans were obtained using a Morpheus 3D scanner (Morpheus CO., Seoul, Korea). Quantitative 3D imaging analysis was conducted to evaluate the improvement of facial skeletal and soft tissue correction. Finally, a merging process reconstructed three images from different views into one 3D image. Descriptive statistics of the pre- and post-treatment evaluations were obtained using the Morpheus 3D scanner software.

Result

Quantitative analysis of 3D images demonstrated statistically significant change in the palpebral fissure, left and right facial volume, and lateral angle and length following facial, intra-oral and intra-nasal acupuncture treatment. Notably, two patients with a pre-existing TMD experienced a resolution of symptoms such as teeth grinding, headache, audible jaw clicking when opening the mouth, and snoring.

Conclusion

Our findings suggest that acupuncture has the potential to strengthen and correct muscle imbalances in the craniofacial region, leading to realignment of the facial skeletal structure to its normal position. Additionally, the study also highlights the importance of considering the role of intra-oral and intra-nasal muscles in the treatment of CA and TMD. In conclusion, facial, intra-oral and intra-nasal acupuncture treatment could be a promising option for correcting CA and TMD.

Keywords : Acupuncture, Orthopedics, TMJ Disorders, Orthodontics, Facial Asymmetry.

可調式智能監控溫灸儀的研發與應用

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¹ 奇美醫學中心中醫部

創作動機與目的

艾灸是中國傳統醫學的外治療法，將乾燥的艾絨或艾炭點燃，利用燒灼產生的熱度刺激穴道，使經絡溫熱暢通，溫補元氣，達到防病治病的效果¹。《帝內經》記載道：「針所不為，灸之所宜。」針刺方法不及處可以用艾灸來補。艾灸與針刺療法同為世界衛生組織認證的治療方法，顯示艾灸治療逐漸全球普及化。

儘管艾灸是便利且有效的治療，但常因人為操作之疏失或器械品質不良，導致異常事件如燒燙傷事件的發生。傳統艾灸需患者或施治者手持，穩定性不佳，燃燒產生的灰燼容易導致燒燙傷甚至火災的發生；皮膚感覺遲鈍或細嫩者，也需特別注意施灸溫度，避免燙傷。

有鑑於此，本團隊透過 3D 列印技術改良傳統丹田灸，研發出可調式智能監控溫灸儀，提高艾灸治療過程的安全性與便利性，減少燒燙傷等意外事件發生，以提升整體醫療照護品質。

設計結構及使用方法

(一) 溫灸儀

此溫灸儀含有本體、抽取置放單元(包含艾粒的置放盤)以及具有隔熱保溫層的蓋體。醫療人員要進行艾灸療法時，將艾粒放在置放盤後點燃，並蓋上蓋子即可使用。

(二) 樞紐器及支架

此樞紐器及支架裝設於溫灸儀本體側壁，主要由四個單元組成。其中含有單向軸承單元，藉由調整緊配或鬆配之狀態，使溫灸儀本體僅能朝單一方向移動，以便調整位置且使用時不會有滑落的危險。

可調式智能監控溫灸儀的特色

(一) 免手持可調式安全支架，操作簡便穩定

藉由安全可調式樞紐器及支架，施行艾灸時免手持。治療過程中儀器角度僅能朝上調整，而不會朝患者方向垂落，預防燒燙傷。

醫療人員可依施灸部位調整支架高度，達到最適宜的治療溫度，適用於各種體型之患者，並可施用於身體各部位。此結構操作簡便、容易組裝，且可運用於其他需調整角度之醫療儀器如紅外線燈。

(二) 智能監控溫度，避免燙傷

使用電子感知溫度技術，監控治療溫度，若溫度過高可發出警告，提醒醫療人員適時調整艾灸盒高度及增加散熱，避免溫度過高造成傷害。另外，在溫灸儀本體設有散熱窗設計，若溫度過高可以打開適度散熱。

(三) 卡扣式雙層不鏽鋼網，清理方便又安全

將艾粒放置的不鏽鋼網處設計成卡扣式，使用後可直接抽出艾粒盤傾倒灰燼與清理內部。內部由兩層防護不鏽鋼網製成，容易清理且不易損壞，更重要的是雙層防護，讓艾粒餘燼不會掉落於病人身體上，避免燙傷。

(四) 重量體積縮小，使用更輕巧

市售常用之艾灸盒體積較大，其重量對於患者及醫療人員都是一大負擔。可調式智能監控溫灸儀由傳統的丹田灸改良而來，重量及體積皆縮小，較傳統丹田灸輕巧，方便治療使用。



討論

市售之電子溫灸儀為追求簡便、控溫，多以加熱艾餅或直接以紅外線取代艾灸，然而實際燃燒艾草所產生之遠紅外線及化合物能確實發揮溫通經絡、疏經散寒、提升呼吸道黏膜抵抗力的療效²。因此可調式智能監控溫灸儀保留了燃燒艾草的優點，加裝可調式樞紐器、溫度監控、散熱窗，確保艾灸能發揮最大療效，又能維護使用者的安全。

	固定方式	溫度控制	實際療效
傳統艾灸	需手持 穩定性差	無法監控	燃燒艾草所產生之 遠紅外線及化合物
市售電子溫灸儀	鬆緊帶或真空吸附於 人體	可自行調控溫度溫	紅外線加熱或加熱艾餅 取代艾灸
可調式智能監控 溫灸儀	全機由支架支撐 毋需手持	度監測器及散熱窗	燃燒艾草所產生之遠紅 外線及化合物

可調式智能監控溫灸儀已取得中華民國發明專利，並獲得多項發明競賽獎項。本發明藉由改善艾灸盒結構，減少燒燙傷等意外發生的機會，有助於提升臨床醫療人員與病人安全，除了在醫療院所或長照機構使用外，也可作為家用養生保健器材推廣。



2023 年馬來西亞國際
工藝技術競賽
金牌獎



2022 年第五屆綠點子
國際發明暨設計競賽
鈦金獎



2022 年台灣創新技術博覽會
發明競賽
銅牌獎

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Intraoral Acupuncture Treatment for Obstructive Sleep Apnea with Snoring : a case series

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Background

Obstructive sleep apnea (OSA) is a prevalent sleep disorder affecting approximately 5% of the population. Despite the availability of Continuous Positive Airway Pressure (CPAP) therapy, adherence rates remain low, particularly in Southeast Asia, where approximately 50% of OSA patients do not consistently use their CPAP devices. This low adherence rate underscores the need for alternative treatments. The present study aims to explore the effectiveness of intraoral acupuncture as a novel approach to reducing OSA symptoms. Although prior research has investigated the use of acupuncture for OSA, there is still no consensus on the optimal needling locations for treating this condition. Unlike traditional acupuncture, intraoral acupuncture targets specific intraoral muscles, such as the levator veli palatini and genioglossus, which play crucial roles in maintaining airway patency. By focusing on these muscles, the study seeks to determine whether this targeted approach can provide significant clinical improvements in OSA patients.

Objectives

To investigate the effects of acupuncture of the intraoral, head and neck regions in patients with obstructive sleep apnoea (OSA).

Methods

Four patients diagnosed with OSA were treated with local acupuncture, including intraoral needling, to stimulate the upper airway dilator muscle. Clinical improvements were evaluated with the apnoea-hypopnoea index (AHI), obstructive apnoea-hypopnoea index (oAHI), snoring, and oxygen desaturation index (ODI) using a portable sleep monitoring device.

Results

After 10 treatment sessions, all patients showed improvement in the AHI and oAHI, and most of the patients showed decreased ODI and snoring.

Conclusions

These results suggest that acupuncture of the intraoral and head regions may be effective at improving the symptoms of OSA. Acupuncture treatment for OSA should be further investigated.

Keywords : Sleep medicine 、 acupuncture 、 complementary medicine

產後退奶困難之病例報告及討論

Postpartum lactation suppression difficulty

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Hsin-I LIU¹, Wen-Jiuan, CHEN¹

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產後退奶是每位產婦都會經歷的過程，分為人工退奶及自然退奶。人工退奶是使用藥物、針劑，雖然效果迅速，但可能伴隨噁心、嘔吐、低血壓及奶水栓塞等副作用，因此臨床上多建議產婦採取自然退奶，如：挑選飲食內容配合降低乳房刺激的方式，既能避免使用藥物的副作用，又能幫助在退奶過程中維持良好胸型。

在中醫歷代典籍中記載到肝經、胃經、任脈皆與乳房相關，且乳汁生成與肝、脾、腎等臟腑相關，因此透過調節臟腑功能可影響乳房生理功能，藉以協助調控產後乳汁分泌狀況。

本病例報告為 30 歲女性，G1P1A0，於 2024/01/13 足月剖腹產下一名男嬰，順暢哺乳至滿月後採自然退奶，但成效不佳，就診日時已產後四個月，仍成天頻繁脹奶、溢乳，感到困擾，因此，至本院中醫部求診，透過持續服用近 2 個月的中藥治療後，溢乳狀況得到改善。

本文將針對產後退奶困難及個案治療成果進行分析及探討。

病例闡述：

一、基本資料：

姓名：黃 O 誼

病歷號：3806XXXX

年齡：34 歲

身高 / 體重：169.5cm/69kg

BMI：24.0 (正常體位)

職業：家庭主婦

婚姻：已婚

初診日期：2024/05/09

二、主訴：產後 4 個月，已無哺乳 3 個月，仍成天頻繁脹奶、溢乳。

三、現病史：

30 歲女性，G1P1A0，此胎為自然受孕，於 2024/01/13 足月剖腹產下一名男嬰，哺乳無礙至滿月後採自然退奶，如：拉長擠乳時間、飲用人參茶等，但成效不佳，就診日時已產後 4 個月，仍成天頻繁脹奶、溢乳，每日平均需更換約 6-7 片溢乳墊，伴隨乳房微熱、抽痛感，為以上症狀感到困擾，因此，至本院中醫部求診。

四、過去病史：過敏性鼻炎、雙角子宮、L5-S1 椎間盤突出。

五、家族史：無顯著相關家族病史。

六、中醫四診：

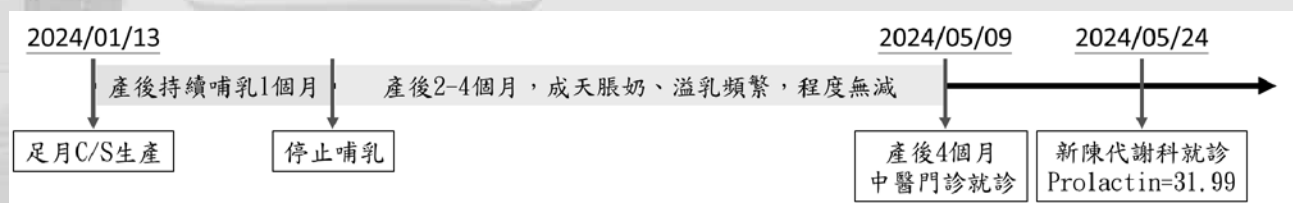
- (一)望診：意識清楚，神態略疲，體型中等；舌體寬厚，齒痕，舌色偏紅，苔薄白，舌下絡脈無怒張。
- (二)聞診：氣味及語音無異常。
- (三)問診：
1. 全身：疲倦，易燥熱汗出。
 2. 神志：情緒平和。
 3. 五官：口乾、口渴頻作；過敏性鼻炎，鼻塞、鼻涕倒流常作。
 4. 頭項：產後落髮量多。
 5. 胸部：成天頻繁脹奶、溢乳，每日平均需更換約 6-7 片溢乳墊。
 6. 腹部：無異常。
 7. 四肢：產後雙大腿後側反覆皰疹、病毒疣出，疼痛作，使用類固醇藥膏。
 8. 腰背：L5-S1 椎間盤突出，腰痛時作，低頭、坐立時加劇。
 9. 飲食：產後食慾差，不知飢餓，飲食多自炊、少外食。飲水多，但飲不解渴。
 10. 二便：大便每日 1 行，多條狀成形，偶羊屎便；小便量平，味道偏重。
 11. 睡眠：眠因照顧小孩壓力大而不穩。
 12. 經帶胎產：LMP=2024/04/24，PMP=2024/03/20 (產後第一次月經)，經行約 9-10 日淨，D1-4 量多，D7 後點滴出血，經行少腹悶痛、腰痠作，經前 I/D=25/3-5；G1P1，自然受孕，足月妊娠，採剖腹生產。
 13. 其它：產後落髮多。
- (四)切診：
1. 脈象：右脈寸細澀、關弦、尺沉細；左脈寸關濡滑、尺沉細。
 2. 觸診：右側胸部脹奶明顯，內上緣微硬；左側微脹奶。

七、相關檢查、檢驗：

2024/05/24 就診新陳代謝科，抽血檢查結果如下：

Prolactin=31.99 ng/ml(Macroprolactin interference : low probability)、FSH=6.38 mIU/ml、LH=4.61 mIU/ml、E2=76.5 pg/ml，西醫診斷為高泌乳血症(Hyperprolactinemia)，建議 1 個月後追蹤 Prolactin，若仍超出標準值，則建議腦部 MRI 檢查及服用 Cabergoline (過乳降錠)。

八、時序圖：



九、診斷：

(一)西醫：高泌乳血症。

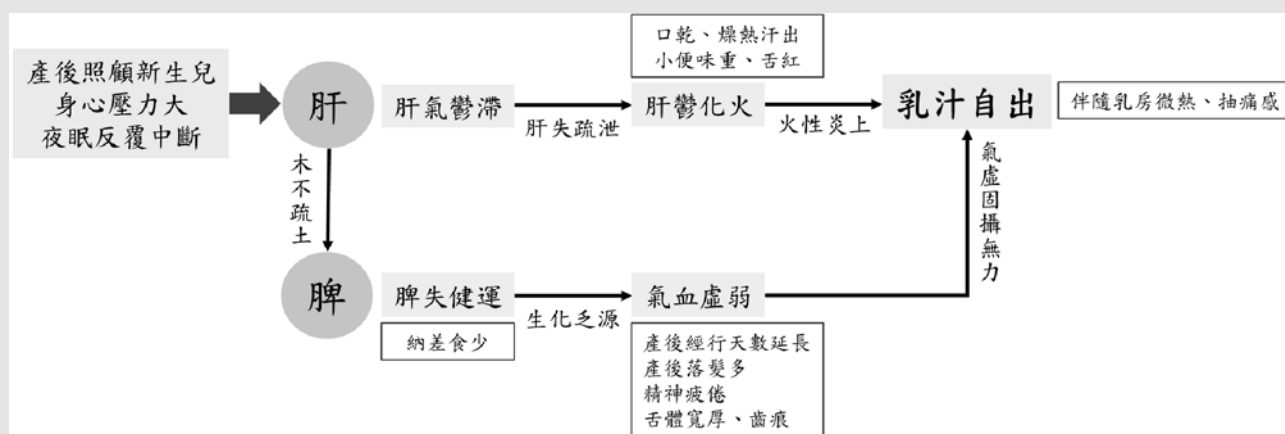
(二)中醫：乳汁自漏；證型：肝經鬱熱，兼氣血虛弱。

十、病因病機分析：

患者處於產後第4個月，自產後起日以繼夜照顧第一胎新生兒，身心壓力大，夜晚常因需安撫嬰兒而反覆中斷睡眠，根據《類證治裁·肝氣》：「肝木性升散，不受遏鬱，鬱則經氣逆，為噯、為脹、為嘔吐，為暴怒脅痛，為胸滿不食，為飧泄，為癰疽，皆肝氣橫決也。」肝氣不疏，鬱而上逆、化熱，火性炎上，則乳汁自出，並且伴隨乳房微熱、抽痛感，熱亦耗氣傷津，導致口乾、燥熱汗出、小便味重及舌色紅等熱象表現。

另外，肝鬱氣滯，木不疏土，脾失健運，導致食慾差、納少，中焦虛弱，氣血生化乏源，精神倦怠，又氣虛固攝無能加重溢乳表現，亦使產後經行天數延長，伴有舌體寬厚、齒痕之表現，而髮為血之餘，出現產後落髮多之表現。

病因病機圖如下：



十一、治則與處方思維：

根據患者臨床症狀辨證分析為肝經鬱熱，兼氣血虛弱之證，因此，方藥處理上首先要加味逍遙散緊扣主證，疏肝解鬱，清熱養血，輔以知柏八味丸，滋陰降火，並加佐麥芽、懷牛膝幫助退奶，而在患者回診期間出現乳房微熱、抽痛感，類似初期乳腺炎表現時，適時加入蒲公英，用以清熱、散結通乳，截斷乳腺炎病勢發展。此外，再根據患者月經週期，運用月經週期療法之治療原則，使月經規律而至，減少經行不適感，並藉以調整經行天數。

十二、後續追蹤：

2024/05/09	2024/05/13	2024/05/20	2024/05/27
溢乳墊更換6-7次/日	溢乳墊更換4次/日	溢乳墊更換4次/日	溢乳墊更換5-6次/日
<ul style="list-style-type: none">食慾差解便偶不暢小便味重右大腿皰疹產後掉髮多	<ul style="list-style-type: none">燥熱，口乾胃脹氣經欲至食慾、二便進皰疹結痂	<ul style="list-style-type: none">右胸微熱、抽痛經行無經痛今D6(LMP05/15)燥熱減落髮量減	<ul style="list-style-type: none">右胸微熱、抽痛身熱，偶汗出腰痛(HIVD)口乾減鼻過敏症緩多
加味道遙散 3g	加味道遙散 2.5g	加味道遙散 2g	加味道遙散 1.5g
辛夷清肺湯 3g	辛夷清肺湯 1g	辛夷清肺湯 2g	辛夷清肺湯 1.5g
桑菊飲 1g	桑菊飲 1g	桑菊飲 1g	桑菊飲 1g
麥芽 2g	知柏八味丸 1g	知柏八味丸 1g	知柏八味丸 1g
懷牛膝 1g	四逆散 1g	四逆散 1g	四逆散 1g
蒲黃 1g	麥芽 2g	麥芽 2g	獨活寄生湯 1g
荊芥 1g	蒲黃 1g	知母 1g	麥芽 2g
白芷 0.5g	知母 1g	菟絲子 1g	知母 1g
	懷牛膝 0.5g	蒲公英 1g	蒲公英 1g
	荊芥 0.5g	懷牛膝 0.5g	懷牛膝 0.5g
	白芷 0.5g	荊芥 0.5g	荊芥 0.5g
		白芷 0.5g	白芷 0.5g
		赤芍 0.5g	赤芍 0.5g
			續斷 0.5g

討論：

一、西醫觀點：

產後乳汁的生成與排出與泌乳素 (Prolactin)、催產素 (Oxytocin) 二者賀激素密切相關，其中泌乳激素隨著雌二醇 (Estrogen) 在懷孕期間增加而上升，並於生產時達到高峰，產後則根據哺乳狀況調節體內泌乳素濃度。

乳成生成三階段：

(一) 泌乳分化期 (孕中期至產後第 2 天)：

乳腺上皮細胞分化為泌乳細胞，受泌乳素刺激製造初乳，但母體內高濃度黃體素，抑制乳汁分泌，因此，初乳量少、質地稠。

(二) 泌乳活化期 (產後第 2-9 天)：

母體內黃體素驟降，抑制奶水分泌作用下降，乳汁量增加，乳房充盈。

(三) 泌乳維持期 (產後第 9 天後)：

乳汁分泌控制轉為自分泌 (autocrine)，倚賴刺激乳房維持泌乳素、催產素的分泌，若持續減少刺激，則泌乳素約在產後 6 週恢復孕前濃度 (<20ng/ml)。

針對產後困難退奶伴有溢乳困擾，抽血檢查確定泌乳素濃度偏高者，建議可追蹤觀察泌乳素及臨床症狀變化，若激素持續上升、症狀加重，可服用多巴胺促效劑 (Dopamine agonists)，例如：Cabergoline，降低血中泌乳激素合成及分泌，而若泌乳素 >100 ng/ml 者，則建議腦部 MRI 檢查排除泌乳素瘤 (Prolactinoma) 導致泌乳素濃度高居不下之可能性。

二、中醫觀點：

中醫認為產後乳汁不經新生兒吸吮而自然流出者，稱為「產後乳汁自出」、「產後乳汁自漏」，而中醫典籍中與乳房相關的論述，多與經絡循行相關，於清代《類證治裁》中歸納而得「乳頭屬肝，乳房屬胃」之論點，而乳汁乃衝任氣血所化，衝任為腎所先天充盈、為脾所後天充養、為肝所溢止疏泄，下則為經，上則為乳，又明代醫家薛己於《校注婦人良方》解釋道：「血者水穀之精氣也，和調五臟，灑陳於六腑，故雖心主血，肝藏血，亦皆統攝於脾，補脾和胃，血自生矣。」說明乳汁的生成與調控與肝、脾、腎三臟皆相關。而乳汁自出常見的病機其一為氣血虛弱證，是產後氣血虛，脾胃運化失司，中氣不足，脾氣衰弱而固攝無權，導致乳汁自出，其二為肝胃鬱熱證，是胃熱盛或肝氣鬱久化熱，火性炎上，疏泄太過，使乳汁外溢，根據臨床狀況分析，可為虛、為實、或為虛實夾雜證。中醫治療上，採取明代醫家薛己《校注婦人良方·產後乳出方論》曰：「產後乳汁自出，乃胃氣虛，宜服補藥止之；若乳多脹痛，用溫帛熨之；未產而乳自出，謂之乳泣，生子多不育。愚按前症氣血俱虛，用十全大補湯。肝經血熱，用加味逍遙散。肝經怒火，用四物、參、朮、柴、梔。肝脾鬱怒，用加味歸脾湯。」以及清代《醫宗金鑑·婦科心法要訣·乳汁自湧證治》曰：「產後乳汁暴湧不止者，乃氣血大虛，宜十全大補湯，倍用人參、黃耆。若食少乳多，欲回其乳者，宜兔懷散，則紅花、歸尾、赤芍、牛膝也。若無兒食乳，欲斷奶者，用麥芽炒熟，熬湯作茶飲之。」作為此類病人的主要治療原則，再合併臨床中醫四診內容予以調整處方。

結論：

此位產婦在經過近 2 個月中藥調理過後，溢乳症狀得到 8 成改善，也無併發乳腺炎，讓育兒生活品質得到提升。

現今西醫產後退奶的藥物、針劑，可能會導致噁心、嘔吐、低血壓及奶水栓塞等副作用，建議產後採取自然退奶，但若無法如預期順利退奶，並出現溢乳症，導致備受困擾時，可尋求中醫協助，根據臨床症狀辨證給予適當的治療內容，再搭配退奶的日常小技巧，無痛走過產後退奶期。

關鍵字：產後退奶、乳汁自漏、溢乳、高泌乳血症、中藥

中藥改善乳癌芳香環酶抑制劑治療副作用之病例報告

Case Report on Traditional Chinese Medicine Improving the Side Effects of Aromatase Inhibitor Therapy for Breast Cancer

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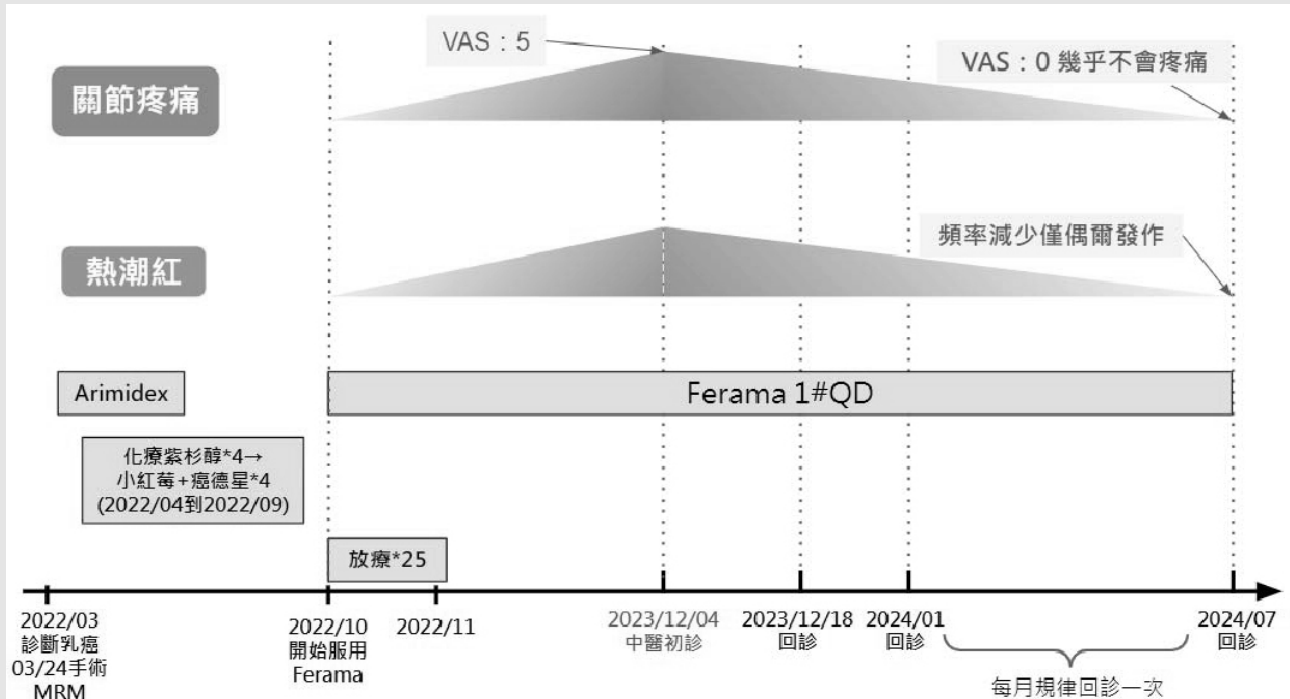
摘要

此為一位罹患第三期乳癌的 60 歲女性，於 2022 年 3 月進行左側乳房腫瘤切除手術，2022 年 4 月至 11 月進行化學治療以及放射線治療，並於 2022 年 10 月起接受芳香環酶抑制劑 Femera(復乳納) 治療，出現關節疼痛和僵硬、熱潮紅、胸悶胸痛、失眠、疲倦症狀，因此 2023 年 12 月至台中榮總傳統醫學部門診就診，證屬氣陰虛有火、氣虛血瘀、痰濕阻滯經脈，採用益氣養陰、清熱化瘀、舒經通絡藥物治療 2 週，症狀獲得改善，之後連續服用 7 個月，症狀持續改善，此病例說明中藥能有效緩解乳癌病人接受芳香環酶抑制劑治療引起的關節疼痛僵硬、熱潮紅等副作用，改善生活品質，還可以讓病人持續堅持接受治療，提供未來中藥輔助治療的參考。

前言

乳癌是我國婦女最常見的癌症，發病高峰年齡在 45 至 69 歲之間，在台灣每年超過一萬名婦女被診斷患有乳癌，超過 2000 名婦女因此死亡，相當於每天約有 31 名婦女被診斷患乳癌，6 名婦女因乳癌而喪生 (1)。治療此疾病的方式有手術、化療、放療、荷爾蒙治療、標靶治療和免疫療法 (2)。荷爾蒙治療分為兩大類：第一類是選擇性雌激素受體調節物 (簡稱 SERMs)，代表藥物有 Tamoxifen，第二類是芳香環酶抑制劑 (簡稱 AI)，代表藥物有 anastrozole (Arimidex)、letrozole(Femera)、exemestane (Aromasin)(2)，在 AI 藥物引起的副作用有關節疼痛和僵硬、熱潮紅、骨質疏鬆、骨折、高膽固醇血症和心血管事件 (3)。AI 已成為停經後荷爾蒙敏感性乳癌輔助治療的標準治療方法。然而，接受 AI 的患者可能會出現關節症狀，這可能導致提前停止此有效的治療 (4)。因此希望透過中醫藥治療緩解乳癌芳香環酶抑制劑引起的副作用，改善生活品質。

發病時序圖與中醫四診



中醫四診

一位 60 歲女性

望診：體型中等，BMI：22.6，意識清楚，面色萎黃

舌淡紅苔白膩多，邊有齒痕

聞診：無特殊氣味，語音正常

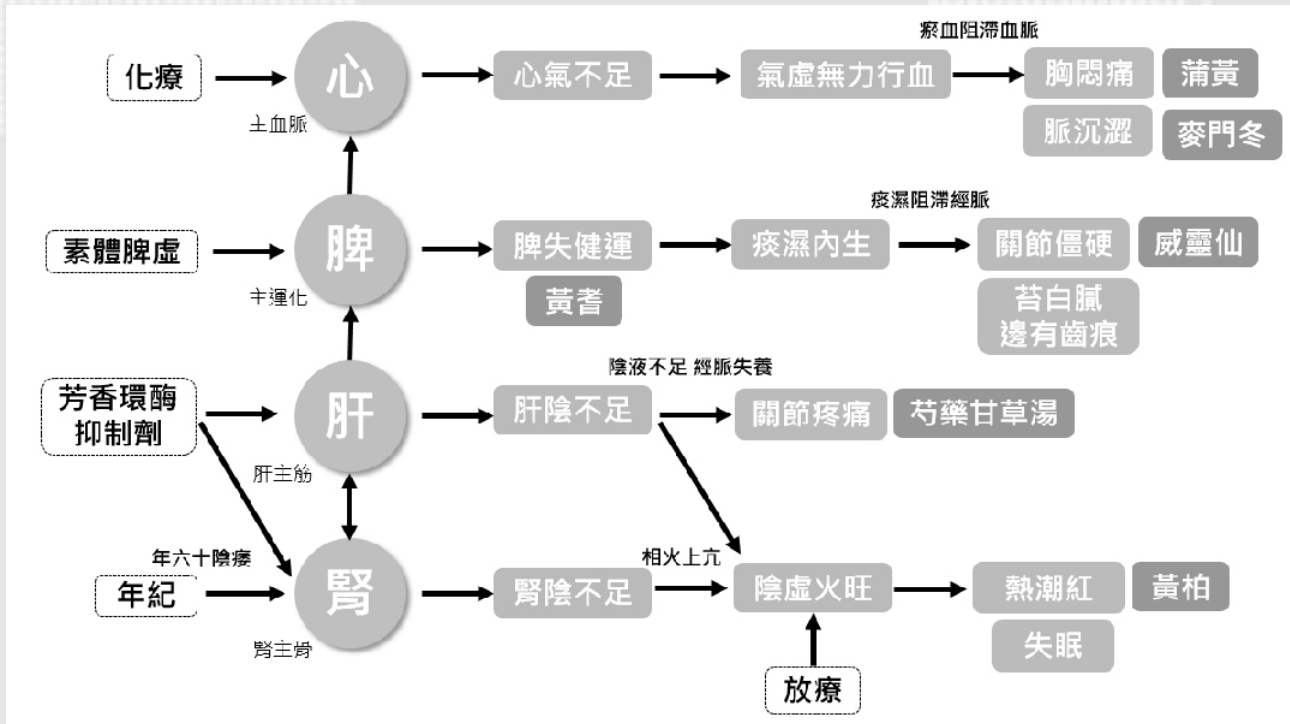
問診：

1. 全身：接受 AI 治療後熱潮紅
2. 情志：較焦慮
3. 頭項：本身有飛蚊症，無頭暈頭痛
4. 胸部：胸悶痛
5. 腹部：無腹脹或泛酸
6. 二便：便一日一行成形軟便，小便平
7. 腰背四肢：髖關節僵硬疼痛，四肢、指尖末端僵硬
8. 飲食：納佳，無泛酸脹氣
9. 睡眠：眠差，入睡可，8：30pm-5am，中間夜醒夜尿 1 次，醒後難以重新入眠，需再躺 1-2 小時
10. 月經婚育史：初經 17 歲，停經 47 歲，無使用荷爾蒙補充療法，G3P3，無乳餵母乳，第一胎 28 歲

切診：脈沉澀

處方：芍藥甘草湯 5 威靈仙 1.5 麥門冬 2 蒲黃 1.5 黃柏 1 黃耆 1.5(克，BID，14 天)

病因病機圖



中醫治療經過

此病人 2022 年 11 月完成化放療後，出現胸悶痛情形，2022 年 10 月 3 日開始服用 Femara，之後漸漸開始有關節疼痛僵硬、熱潮紅、失眠的情形，隔年 2023 年 12 月 4 日至中醫就診，持續服用中藥至今。初診證屬氣陰虛有火、氣虛血瘀、痰濕阻滯經脈，以芍藥甘草湯為主方，方中芍藥益陰養血，甘草溫中緩急，兩藥合用可鎮攣止痛改善髓關節疼痛，威靈仙通經絡，麥門冬養陰清心，蒲黃化瘀止痛，改善氣虛血瘀引起的胸悶痛，黃柏清相火退虛熱，改善熱潮紅症狀，黃耆善於補中益氣，改善脾胃氣虛減少痰濕，進一步減少痰濕阻滯經脈，改善關節僵硬。服藥後病人關節疼痛僵硬得到緩解，後續每月規律回診一次，視情況變化加減用藥。2024 年 12 月 18 日加入枳殼理氣增加脾胃氣機，去蒲黃、黃耆，2024 年 4 月 22 日因感冒加入淡豆豉、竹茹疏散表邪、清熱化痰，去枳殼，2024 年 6 月 17 日加入枸杞子補益肝腎，2024 年 7 月 15 日加鬱金活血行氣，去淡豆豉，其餘守方。淺眠易中斷，再入睡困難之失眠症狀獲得改善，目前醒後 1-2 分鐘可再入睡，熱潮紅頻率減少僅偶爾發作，胸悶痛情形已完全改善。

結論

芳香酶抑制劑 (AI) 如：復乳納 (Femara)、安美達錠 (Arimidex)、諾曼癌素 (Aromasin) 正越來越多地被用作標準治療，因為在荷爾蒙治療中，這些藥物在停經後荷爾蒙受體陽性乳癌患者中的存活率相比之前的黃金標準 - 泰莫西芬 (Tamoxifen)，增加了 40%(2)。然而許多患者會出現不良反應，其中最常見的是芳香酶抑制劑相關的肌肉骨骼症狀 (AIMSS)，發生率高達 50%，這會影響治療的持續性 (5)。AIMSS 患者的主要臨床表現包括手腕、膝蓋和手指關節的對稱疼痛或僵硬，以及肌肉疼痛，症狀可在停用 AI 後 2 週內自行消失，但在恢復使用 AI 後又會重新出現，提前停藥最常見的原因是關節疼痛，約佔 57%(7)。芳香酶抑制劑相關的肌肉骨骼症狀 (AIMSS) 的確切機制目前尚未完全清楚，這可能與雌激素缺少和促發炎細胞因子的釋放有關，例如腫瘤壞死因子- α (TNF- α) 和白細胞介素-1 β (IL-1 β)(2)。AIMSS 的治療方法如非類固醇類抗發炎藥、運動、停用改用另一種 AI，Duloxetine 抗憂鬱藥、針灸等等 (8)。

中醫藥物治療 AIMSS 越來越受到重視。動物實驗發現熟地黃、淫羊藿等中藥可抑制破骨細胞形成，改善骨質疏鬆，緩解骨痛 (9-10)。中醫理論認為益腎健脾透過疏肝、補腎、理氣、通絡來緩解 AIMSS，一項多中心、隨機、雙盲、安慰劑對照臨床試驗指出由 12 味藥物組成的複方 (香附、茯苓、當歸、白芍、川芎、延胡索、透骨草、絡石藤、熟地黃、山茱萸、菟絲子、牛膝)，可以緩解 AI 治療中出現的關節痛、晨僵、骨頭痛和肌肉痛 (6)。一項針灸的臨床試驗，進行為期 6 週共 12 次針灸治療，可改善芳香酶抑制劑相關關節疼痛，平均 BPI-WP 評分在真針灸組中下降 2.05 分 (疼痛減輕)，在假針灸組中下降 1.07 分，在候補對照組中下降 0.99 分 (有意義差異為 2 分)，真針灸與假針灸差異為 0.92 分 (95% CI, 0.20-1.65; P=0.01)，真針灸與候補名單對照差異為 0.96 分 (95% CI, 0.24-1.67; P=0.01)(11)。

這個病例顯示，中藥可以有效減輕乳癌患者在接受芳香環酶抑制劑治療時所經歷的關節疼痛、僵硬和熱潮紅等副作用。這不僅改善了患者的生活品質，也幫助他們持續完成治療。這為未來中藥作為輔助治療提供了有價值的參考。

關鍵字：乳癌、芳香環酶抑制劑、關節疼痛、關節僵硬、中藥

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雷射針灸治療車禍後腦傷失語症及吞嚥困難 - 病例報告

Laser Acupuncture Treatment for Aphasia and Dysphagia Caused by Traumatic Brain Injury After a Car Accident : A Case Report

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本病案為中醫雷射針灸治療車禍後腦傷造成失語症、吞嚥困難之案例。本病例患者為 20 歲女性，因頭部外傷住院並接受顱骨切除術。由於吞嚥困難及無法言語而會診中醫，因患者畏懼傳統針灸，故選擇雷射針灸治療。經中醫辨證為心脾兩虛，氣血不足。經過雷射針灸治療後，患者語言和吞嚥功能明顯改善，整體恢復良好。

基本資料	診斷	主訴	治療方法	取穴
20 歲女性 學生 無慢性病史	車禍後腦傷 左蜘蛛膜下腔 出血	車禍腦傷後 語言表達障礙 及吞嚥困難	雷射針灸 (NogierE , 200mw , 1J/ 穴)	頭面部：印堂、廉泉、天突 上肢：B (靈骨、大白、魚際) 下肢：B (足三里、太衝)、R (三陰交、太白)、L(豐隆、公孫)

影像學檢查：

113-03-23，腦部電腦斷層造影 無造影劑 (CT-Brain)：

- Left frontal-temporal-parietal subdural hemorrhage, thickness up to 6mm.
- Subarachnoid hemorrhage, mainly left side.
- Left brain parenchymal hemorrhage, mainly temporal lobe. With mass effect, mild midline shift to right side, brain swelling.
- Right temporal parenchymal hemorrhage.
- Susp. medulla hemorrhage. (Srs/Img : 5/6 6/27) Diffuse axonal injury can not be excluded.
- Bilateral temporal mixed longitudinal and transverse fractures. Susp. right temporal bone fracture. (Srs/Img : 7/5-6)
- Hemosinus in bil. sphenoid sinuses.
- Right temporal cephalohematoma.

血液 & 生化數據：

- 113-04-02 ,
W.B.C. [9.8 10³/uL] , Hb [12.0 g/dL] , Platelet count [483 10³/uL] , Segment [74.7 %] ,
Lym. [19.8%]
- 113-04-02
BUN [14 mg/dL] , Creatinine [0.56 mg/dL] , Amylase [28 U/L] , S-GOT(AST) [31 U/L] ,
S-GPT (ALT) [59 U/L] , Bili Total [0.27 mg/dL] , Lipase [8 U/L] , eGFR [138.0]
- 113-04-02
Lactic Acid [0.9 mmol/L] , Alk. P-tase [82 U/L] , r-GT [90.0 U/L]

回診日期	追蹤治療紀錄
04/02 二診	第一次雷射針灸後，曾情緒激動發出簡單語句一次，故原用穴不變，加上左側(內關、神門)加強安神。 內關配合原本的公孫穴，屬於八脈交會穴(陰維合衝脈)的配穴，調暢心胸胃之縱軸結構。
04/03 三診	口語表達漸增；吞嚥也改善，吞口水較順暢，也嘗試吃濃粥無噎咳，故原用穴不變，續用。
04/06 四診	口語增加，但言詞提取較慢；吞嚥配合增稠劑，無噎咳情形。 近日夜間頻尿，且預計移除尿管，故於原用穴中加用腎經然谷穴(榮火穴)，不只調節小便，腎經循行也走至咽喉後段，腎經正經：「...其直者：從腎上貫肝、膈，入肺中，循喉嚨，挾舌本。其支者：從肺出，絡心，注肺中，循喉嚨，挾舌本...」。
4/08-4/15 五至九診	口語及吞嚥狀況持續改善，故原處方用穴不變，續用。
4/16-4/24 十 - 十二診	夜多惡夢，偶想到車禍當時情景，故加用脾胃經之井穴隱白、厲兌，加強安神。 《素問·寶命全形論》：「凡刺之真，必先治神，五藏已定，九候已備，後乃存鍼。」可見診治過程，安神當為先，形與神俱，身心可同步修復。
4/26 十三診	患者整體恢復良好，口語表達較順暢，吞嚥無噎咳，夜眠改善，故於4/23頭蓋骨置回後，順利出院。

由於頭部開刀後包紮，故避開頭皮穴位；近端選擇印堂穴安神定志；廉泉、天突穴活絡咽喉經絡，其中廉泉是實證統計中，最常被用於吞嚥障礙之穴位，推測與刺激舌骨周圍肌群有關；由於患者主訴症狀(發聲、吞嚥)集中咽喉部，咽為胃系所屬，是水穀通道；喉則為肺系，與肺腎有關，故遠端選擇補肺氣、通腦絡的靈骨、大白穴；魚際穴為肺經榮火穴，有很好的利咽化痰功效；補益氣血的足三里、三陰交，以及健脾胃化涎痰的太白、公孫、豐隆，其中太白、豐隆也是脾胃經主客原絡法的搭配。最後加上太衝疏肝氣，也配合靈骨、大白作開四關，行氣通絡，使氣血不壅滯，加強循環。

腦傷患者常合併出現吞嚥障礙，不只影響進食之營養吸收，更可能因噎咳增加肺炎的風險；倘傷及左側顳葉，也常合併出現失語症狀，本案例將雷射針灸結合中醫傳統辨證取穴，在一個月內改善患者之吞嚥及失語症狀，以此病例之治療經驗供臨床應用參考。

關鍵字：車禍後顳腦損傷、腦出血、失語症、吞嚥困難、雷射針灸

探討補充鱸魚蛋白對改善癌症惡病質與敗血症誘發肌肉耗損之功效

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發炎反應相關的敗血症 (sepsis) 與癌症惡病質 (cancer cachexia) 皆會誘發骨骼肌肉蛋白質大量流失，引發肌肉耗損，使生活質量下降、降低對化學與放射治療的耐受性與身體功能受損，增加病人的死亡率。本研究評估安永鱸魚蛋白改善 C26 結腸癌細胞誘導小鼠癌症惡病質及脂多醣 (Lipopolysaccharide, LPS) 處理 C2C12 小鼠肌管細胞模擬敗血症誘發肌肉耗損的效果。結果顯示，補充安永鱸魚蛋白顯著改善癌症惡病質小鼠的攝食與飲水減少、體重減輕、氧化損傷和發炎反應。此外補充安永鱸魚蛋白顯著改善癌症惡病質誘發小鼠骨骼肌質量與功能下降。分析小鼠腓腸肌與肌管細胞發現，安永鱸魚蛋白補充顯著改善癌症惡病質與 LPS 誘發的肌肉蛋白質含量指標肌球蛋白重鏈的降低，與泛素 - 蛋白酶體路徑和自噬 - 溶酶體路徑相關分子的表現增加。綜合以上，安永鱸魚蛋白補充有助於減少癌症惡病質造成的厭食、體重減輕。尤其重要的是，安永鱸魚蛋白補充可抑制急慢性發炎疾病惡病質誘發的肌肉蛋白質流失，使肌肉耗損減少，有助於生活品質及疾病存活率改善。

關鍵字：癌症惡病質、敗血症、肌肉耗損、泛素 - 蛋白酶體路徑、自噬 - 溶酶體路徑、安永鱸魚蛋白

To explore the effect of seabass protein supplementation on improving muscle wasting induced by cancer cachexia and sepsis

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Sepsis and cancer cachexia related to inflammation can induce a large loss of skeletal muscle proteins, trigger muscle wasting, reduce quality of life, reduce tolerance to chemical and radiotherapy, and impair body function. Increase patient mortality. This study evaluates the effect of Ernst Perch protein on improving C26 colon cancer cell-induced cancer cachexia in mice and lipopolysaccharide (LPS)-treated C2C12 mouse myotube cells to simulate sepsis-induced muscle wasting. The results showed that supplementing Ernst & Young seabass protein significantly improved the reduction in food and water intake, weight loss, oxidative damage and inflammatory response in mice with cancer cachexia. In addition, supplementing Ernst's protein significantly improved the decline in skeletal muscle quality and function in mice induced by cancer cachexia. Analysis of mouse gastrocnemius and myotube cells revealed that Ernst protein supplementation significantly improved cancer cachexia and LPS-induced reduction in muscle protein content index myosin heavy chain, which is related to the ubiquitin-proteasome pathway and autophagy-lysosome pathway. Performance of molecules increased. Based on the above, Ernst Seabass protein supplementation can help reduce anorexia and weight loss caused by cancer cachexia. What is particularly important is that EY seabass protein supplementation can inhibit the loss of muscle protein induced by cachexia in acute and chronic inflammatory diseases, reduce muscle wasting, and help improve the quality of life and disease survival rate.

Keywords : cancer cachexia 、 sepsis, muscle wasting 、 ubiquitin-proteasome pathway 、 autophagy-lysosomal pathway 、 Anyong protein

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